THE CANADIAN HOSPITAL

DE 19

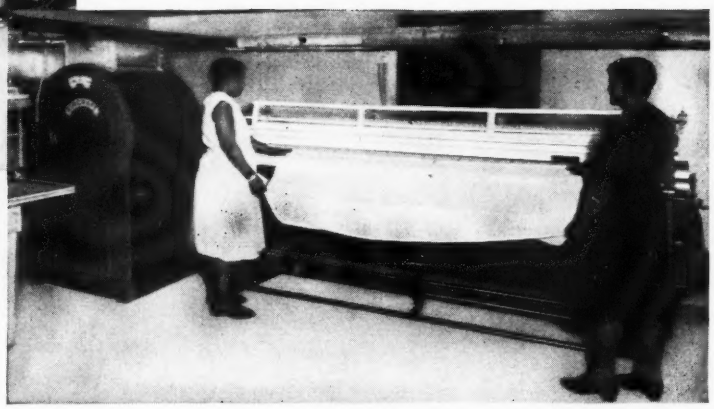
OFFICIAL JOURNAL
CANADIAN HOSPITAL COUNCIL

DECEMBER, 1948

CANADIAN... Modernized the Laundry Department

at

38-Bed Doster Hospital, Columbus, Miss.



Doster Hospital's modern 4-Machine Laundry quickly and beautifully washes all laundered work sterile clean, removes excess water, attractively irons flat pieces, fluff dries items not ironed.

REMEMBER . . . Every Department of the Hospital Depends on the Laundry.

Problem: **Household-type laundry equipment at Doster Hospital could not supply sufficient clean linens to meet peak patient loads. Serious shortages occurred. Cost of laundering was excessive.**

Solution: **Doster Hospital called in our Laundry Advisor. He carefully analyzed laundering requirements and submitted his recommendations. Hospital then installed 4-Machine Laundry, consisting of 30x48″ NORWOOD CASCADE Washer, 26″ Extractor, Gas Heated AIRCRAFT Drying Tumbler and Gas Heated Flatwork Ironer.**

Results: **Doster Hospital reports plenty of clean linens are always available to care for any emergency. Less linen inventory is required. Laundering costs have been cut $50 per month.**

CALL IN OUR LAUNDRY ADVISOR to help solve your laundry problem. There's no obligation. WRITE TODAY.

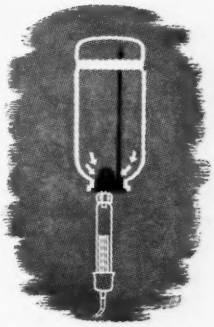
The
CANADIAN LAUNDRY MACHINERY COMPANY
47-93 STERLING ROAD, TORONTO 3, ONT.
WESTERN REPRESENTATIVES—Stanley Brock Limited, Winnipeg, Calgary, Vancouver, Edmonton.

BAXTER

Blood Banking

WITHOUT WASTE

The Baxter method of collecting, storing and administering blood and plasma is a model of simplicity, safety and streamlined efficiency. The closed system, developed and introduced by Baxter, insures sterility. Baxter expendable donor and administration sets make procedures simple, safe, expedites teaching. And now the new Baxter Fuso-Flo stopper solves the aging problem, insuring trouble-free, easy-flowing infusions. A demonstration of this complete Baxter program can be arranged without obligation.



Manufactured by

BAXTER Laboratories

Morton Grove, Ill. Acton, Ontario

Distributed in Canada exclusively by

INGRAM & BELL LIMITED

TORONTO

MONTREAL · WINNIPEG · CALGARY · VANCOUVER

BEDGOWNS . . . No. 2B23.

O. R. GOWNS . . No. 5R351.

DIAPERS . . . No. 28DL72.

IN STOCK FOR
IMMEDIATE DELIVERY

PRICES, SWATCHES OF MATERIALS, ON REQUEST

Write

For Folders Describing:
PROFESSIONAL WEAR — DR.'S COATS
GRADUATE NURSES' UNIFORMS
NURSES' WOOLLEN CAPES

HOSPITAL GARMENTS Lac-Mac LONDON CANADA
LIMITED

OVER TWENTY-FIVE YEARS MANUFACTURING PRODUCTS FROM TEXTILES FOR THE MEDICAL PROFESSIONS, THEIR INSTITUTIONS AND SERVICES

Contents

Vol. 25 **DECEMBER, 1948** No. 12

"Sanitas" ALUMINUM LAUNDRY CHUTES

● "Sanitas" Laundry Chutes provide rapid, sanitary transmission of soiled linen from all floors to basement. Entire construction is aluminum, except for hardware. Glass Panel in doors optional. Require no painting. Can be flushed down with water from flushing ring at top. "Sanitas" Chutes can be installed in already completed buildings, Hospitals, Hotels, Institutions. Write for "Laundry Chute folder."

Let us look at your drawings, suggest a layout and quote a price.

Solid Aluminum Panel Door

Basement Outlet Door

WESTEEL PRODUCTS LIMITED

MONTREAL TORONTO WINNIPEG

REGINA SASKATOON CALGARY EDMONTON VANCOUVER

QUIET Smooth rolling KILIAN SILENT CASTERS

- Built especially for **Hospitals, hotels and restaurants.**
- Gentle, easy on the load. **Rubber wheels with Cushion Rubber tread on Hard Rubber Core or Hard throughout.**
- Ball-bearing
- Strong, malleable forks, **rust-proof finish, sealed lubrication.**

Move your loads with ease.
Not the slightest damage to your floors.
Specify KILIAN casters and wheels.

Write for folder CH-10

FISCHER BEARINGS (CANADA) LIMITED

380 FLEET ST. W., TORONTO 2-B, ONTARIO

Canadian Hospital Council

The Federation of Hospital Associations in Canada in co-operation with the Federal and Provincial Governments and the Canadian Medical Association

EXECUTIVE OFFICERS

Honorary President:
THE HONOURABLE PAUL MARTIN
Minister of National Health and Welfare

Honorary Vice-President:
A. K. HAYWOOD, M.D.
Vancouver

President:
MR. ARTHUR J. SWANSON
Toronto Western Hospital, Toronto

First Vice-President:
MR. R. FRASER ARMSTRONG, B.Sc.
Kingston General Hospital, Kingston

Second Vice-President:
REV. SISTER STE. GERTRUDE
Hôpital Civique, Quebec

Executive:
J. A. McMILLAN, M.D.
Charlottetown, P.E.I.

O. C. TRAINOR, M.D.
Misericordia Hospital, Winnipeg

A. C. McGUGAN, M.D.
University of Alberta Hospital, Edmonton

Executive Secretary and Editor:
HARVEY AGNEW, M.D.
280 Bloor St. West, Toronto

Treasurer:
A. LORNE C. GILDAY, M.D.
Western Division, Montreal General Hospital

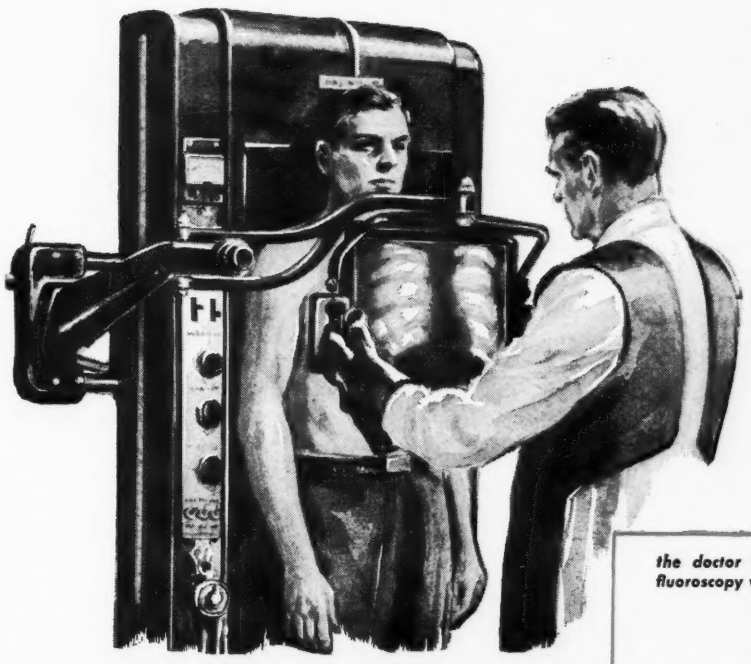
CHARLES A. EDWARDS, Business Manager
The Canadian Hospital, 57 Bloor St. West, Toronto 5

EDITORIAL OFFICES:
280 BLOOR ST. WEST, TORONTO 5, ONT.

CCAB BNA

Subscription Price in Canada, United States, Great Britain and Foreign, $3.00 per year. Additional subscriptions to same hospital, each $1.50.

Authorized as Second Class Mail, Post Office Department, Ottawa. The Canadian Hospital is published monthly by the Canadian Hospital Council, 57 Bloor Street West, Toronto 5.



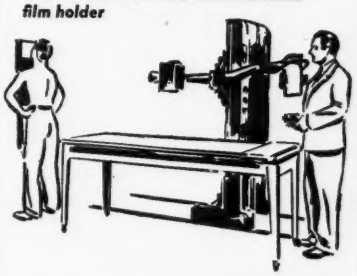
the doctor here is doing vertical fluoroscopy with the "Comet"

modest in cost, it offers real x-ray utility

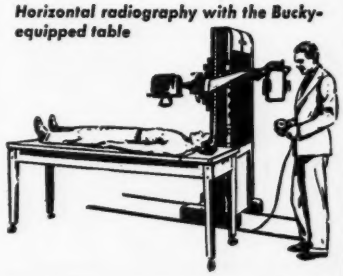
The Picker **"COMET"** combination x-ray apparatus is a *utility* unit that's exactly right for the sanatorium, small hospital, or doctor's office. It's *versatile* . . . he can do fluoroscopy and radiography, *both*, with it. It's *simple* and *safe* to operate . . . compact, space-conserving, and economical, too. The auxiliary table, equipped with a built-in Potter-Bucky diaphragm, does double-duty as an office examination and treatment table. The **"COMET"** is built to high Picker standards, and backed by alert Picker service. Your local representative will be glad to demonstrate this fine utility x-ray apparatus to you.

bedside work: removable tube and control convert into a portable unit

chest work with the wall-mounted film holder



Horizontal radiography with the Bucky-equipped table



the "COMET" standard 15 ma utility radiographic fluoroscopic x-ray apparatus

Picker

PICKER X-RAY OF CANADA LIMITED

Vancouver Regina Winnipeg Toronto Montreal

ROTO Blood Bank Junior

Model S.S. 80

Vibrationless Storage

CLAD IN STAINLESS STEEL

- Whole Blood
- Liquid Plasma
- Biologicals

Factory and General Sales Office
2040-2 Buchanan Ave., Niagara Falls

HOSPITALS

- Hospitals all over the Dominion look to VENDALL for the last word in Blood Bank Equipment.
- Only progressive Hospitals with VENDALL Blood Banks are providing complete service.
- Surgeons will have "plus" confidence when a VENDALL Blood Bank is in the Hospital.
- Profitable Blood Banks are "VENDALL" Blood Banks; proven by actual use in Hospitals.
- Institutions using VENDALL Blood Banks will testify they pay handsome dividends.
- Throughout Canada, Medical Technicians have contributed to the development of VENDALL during and since the war.
- Ask the Hospitals who have VENDALL Blood Banks in operation.
- Leading Hospitals look to the Leader—VENDALL—the Blood Bank Specialists.
- S.S. 80 "VENDALL" Model number for the Roto Blood Bank Jr., meets the approval of the CANADIAN RED CROSS BLOOD TRANSFUSION SERVICE.

FOR COMPLETE INFORMATION ON MODERN BLOOD BANKS

VENDALL LIMITED
67 YONGE ST., TORONTO 1

AT HOME OR AWAY SPOT TESTS SIMPLIFY URINALYSIS

NO TEST TUBES • NO MEASURING • NO BOILING

Diabetics welcome "Spot Tests", (ready to use dry reagents), because of the ease and simplicity in using. No test tubes, no boiling, no measuring; just a little powder, a little urine—color reaction occurs at once if sugar or acetone is present.

Galatest FOR DETECTION OF SUGAR IN THE URINE

Acetone Test (DENCO) FOR DETECTION OF ACETONE IN THE URINE

SAME SIMPLE TECHNIQUE FOR BOTH

1. A LITTLE POWDER

2. A LITTLE URINE

COLOR REACTION IMMEDIATELY

Accepted for advertising in the Journal of the A.M.A.

Write for descriptive literature

A carrying case containing one vial of Acetone Test (Denco) and one vial of Galatest is now available. This is very convenient for the medical bag or for the diabetic patient. The case also contains a medicine dropper and a Galatest color chart. This handy kit or refills of Acetone Test (Denco) and Galatest are obtainable at all prescription pharmacies and surgical supply houses

THE DENVER CHEMICAL MANUFACTURING COMPANY
286 St. Paul Street, W., Montreal

Tex-made
T.M. REG'D.

FLANNELETTE BLANKETS

SOFT • WARM
HARD-WEARING

"Tex-made" blankets — IBEX or FALCON — provide comforting warmth to the sick and aged. Their long-wearing quality and reasonable price make them ideal for hospital and institution use. IBEX blankets are available in grey or white, with blue or pink borders; FALCON in white, with pink or blue checks; both in various sizes.

For sheets and pillow slips, flannelette blankets, towels or anything in cotton, specify "Tex-made", because "Tex-made" is well made. Order from your regular wholesaler.

Tex-made
T.M. REG'D.
FABRICS

by
DOMINION TEXTILE COMPANY
LIMITED
MONTREAL CANADA

To each and every one of our clients
we wish

Health and Happiness

Christmas 1948

New Year 1949

Electro-Vox Inc.
INTER-COMMUNICATION AND SOUND SYSTEMS
SYSTEMES DE HAUT-PARLEURS ET INTERPHONES

2222 Ontario St. East
MONTREAL

COMPLETE PROTEIN . . . Aminosol, Abbott's partial acid hydrolysate of blood fibrin, contains all the essential amino acids in good nutritive balance. 1000 cc. daily, intravenously, will spare nitrogen loss to a significant degree . . . 2000 cc. will maintain nitrogen balance in a 70 Kg. man when given as the total source of amino acids.

SAFE . . . Aminosol is sterilized by autoclaving and biologically tested for its ability to promote growth and to maintain nitrogen balance, for absence of antigenicity and for absolute freedom from pyrogens. It is stable at room temperatures for 2 years or longer.

EASY TO USE . . . Aminosol is supplied in 500 and 1000-cc. Abbott Intravenous Solution Containers, ready to use. Obtain added safety and convenience by using the sterile, disposable Venopak* equipment.

*Trade Mark for Abbott's Completely Disposable Venoclysis Unit

Wherever protein deficiency accompanies surgical procedure, severe burns or gastrointestinal disturbances, depend on the efficiency and the safety of . . .

Aminosol 5%

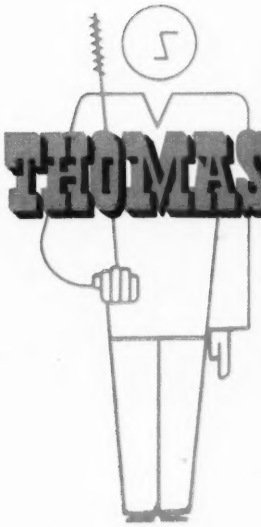
WITH DEXTROSE 5%

(Abbott's Modified Fibrin Hydrolysate 5% with Dextrose 5%)

Abbott

ABBOTT LABORATORIES LIMITED, MONTREAL 9

Sudden and sweet a Baby cried
On a Christmas long ago
And hearts of Shepherds and
hearts of Kings
Still stir when a Star
hangs low.



THOMAS GIBSON & COMPANY
LIMITED
Sanitation Products and Floor Treatments
TORONTO MONTREAL

MERRY CHRISTMAS EVERYBODY!

May the festive season be one of joy and happiness to you and yours and may the twelve months of the New Year bring us all peace, happiness and continued prosperity.

CHEMICALLY CORRECT
McKEMCO Products

McKAGUE CHEMICAL COMPANY
MANUFACTURERS AND DISTRIBUTORS OF SPECIALIZED CLEANERS AND ALKALIES
1119A YONGE ST. TORONTO, CANADA

Across the Desk

By C.A.E.

Blakeslee Executive Passes

G. S. Blakeslee & Co., Limited, Toronto, announces the sudden passing of the Manager of their Kitchen Machinery Division, Mr. Raymond James Lamport. Mr. Lamport was on one of his trips through western Canada and contracted double pneumonia in Calgary, and passed away in that city. Mr. Lamport had been with the Blakeslee Company for over 25 years and his father worked for the company before him.

Mr. Edwin Belzer, Sales Manager of the Bakery Machinery Division of G. S. Blakeslee & Co., Chicago, will carry on Mr. Lamport's work as the new Manager of the Kitchen Machinery Division of G. S. Blakeslee & Co., Limited, Toronto.

* * * *

"Moonglo" is New Formica Pattern

At the Annual Society of Plastics Industry Exposition held in New York, Formica introduced a new pattern which, they believe, is far and away the most intriguing design ever developed in laminated plastics.

"Moonglo" is not a reproduction of an existing pattern of man or nature. Its development, though highly technical, was not mechanical. It was achieved through a process of combining art and "know-how" with science and research. This process is the exclusive property of Formica in the laminated plastics industry.

Arnold Banfield and Company Limited, Canadian representatives for The Formica Company, with sales offices at Oakville, Toronto and Montreal, invite the opportunity of supplying fabricators, architects and hospital administrators with samples of this new and exclusive Beauty Bonded Formica protected pattern "Moonglo".

* * * *

Derma-Rubo—A Soothing Body Rub

Derma-Rubo is a soothing, cooling, healing lotion with a four-way formula which assures patients of quick comfort without drying the skin.

Chinosol (Oxyquinoline Sulphate)—Non-toxic antiseptic and bacteriostatic with excellent deodorant properties.

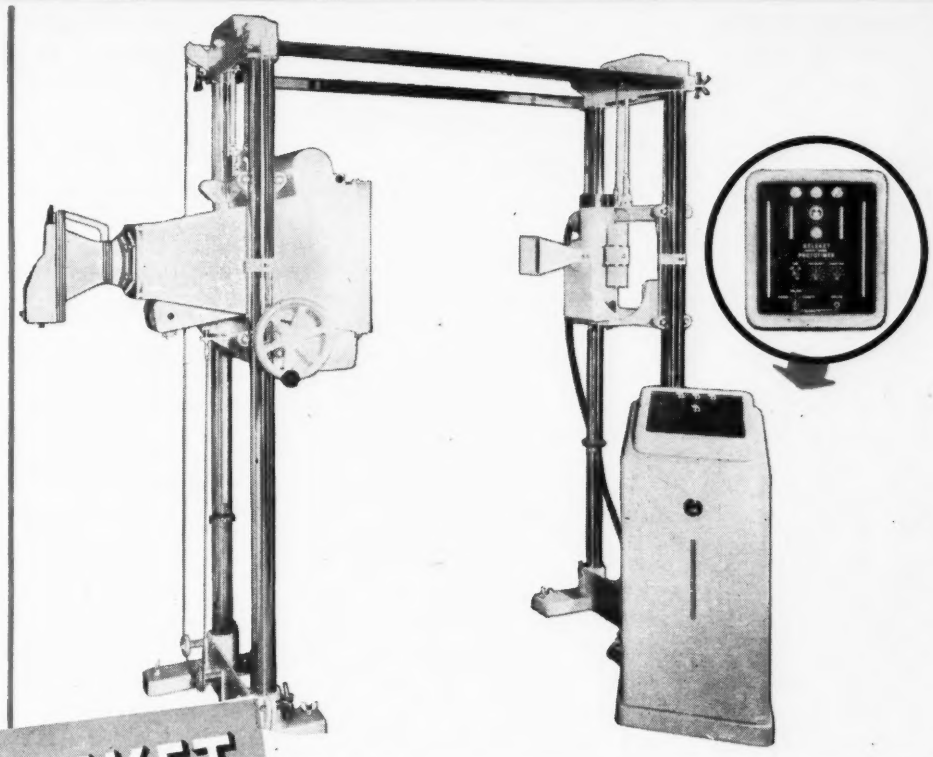
Menthol, Natural U.S.P.—Analgesic, antipruritic. Unlike alcohol, menthol does not cool the skin by removing the moisture from the pores.

Carbamide—The healing agent with a solvent action on proteins. Aids removal of debris, encrustation and dead tissue—the waste products which may deter healing.

Lanolin—Without changing the beneficial cholesterols of lanolin in any way, the new solublizing process has eliminated its characteristic odor and sticky quality. Persons allergic to lanolin in its usual form may therefore use "Derma-Rubo" without allergic reaction. Lanolin, together with Olive Oil, forms the base for absorption and a soothing emollient cream.

Derma-Rubo is sold in Canada by Fisher & Burpe Limited, Winnipeg.

(Continued on page 16)



KELEKET Photocron

For Hospital Admissions

designed for
simplicity, precision and dependability

The Keleket Photocron will accommodate either the Fairchild 70 mm. Roll Film Camera or the Fairchild Fluoro-Record Cut Film Camera (as illustrated). The Morgan-Hodges Phototimer (as illustrated) assures consistency of radiographs. The generator of the Photocron can be supplied with either 100 MA or 200 MA capacity.

With the optional equipment mentioned, the Keleket Photocron will meet all requirements for chest work, either as an independent unit or in conjunction with existing equipment.

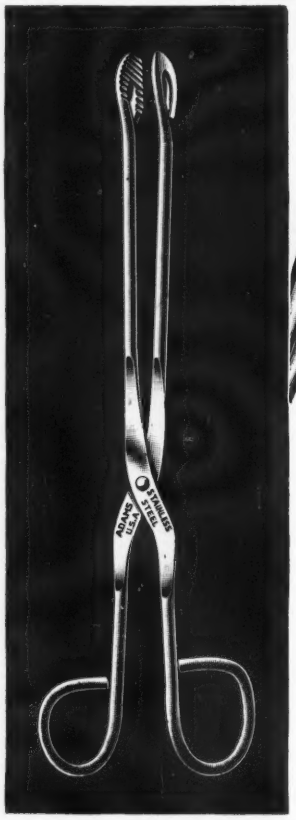
We will be pleased to send a representative to consult with you and offer suggestions on the proper installation for your hospital or clinic.

KELEKET

X-ray AND Radium
INDUSTRIES LIMITED

261 Davenport Rd. Toronto 5

QUEBEC - MONTREAL - WINNIPEG - CALGARY - EDMONTON - VANCOUVER



NOW 5 STYLES!
STERILIZER and UTILITY FORCEPS

A more efficient, low-cost, stainless steel sterilizer forceps with a wide range of utility for other purposes. Tests in leading New York hospitals (copy of reports on request) show that these forceps—

- Grasp and hold firmly a wide range of sizes and shapes of instruments and utensils, from an eye needle up.
- Are comfortable to handle and convenient in size.
- Are stronger than the usual sterilizer forceps; will not bend under pressure.

Every doctor, dentist, nurse, chemist and laboratory worker will find immediate use for these multi-purpose forceps for the easy and efficient handling of glassware, instruments, swabs, syringes, specimens, needles, towels, sponges, brushes, dishes, retractors, utensils, etc.

B-782 — 11" straight tip	B-783 — 8" straight up	B-785 — 12" straight tip
B-782X — 11" curved tip	B-783X — 8" curved tip	Specially designed for handling bottles
Each ..... $ 2.00	Each ..... $ 1.75	Each ..... $ 2.00
Dozen 21.00	Dozen 18.00	Dozen 21.00

Prices in U.S.A.
Canadian prices slighty higher.

CLAY-ADAMS COMPANY, INC.
141 EAST 25th STREET · NEW YORK 10
Showrooms also at 308 West Washington Street, CHICAGO 6, ILL.

ADAMS

SINEMASTER (reg'd.)

Crystal Controlled Short Wave Generators

Thanks is extended to the profession for the reception they have accorded to the "Sinemaster" portable short wave generator — the only available portable equipment. The unit is of course, wholly manufactured in Canada and is approved by Department of Transport, Canada, Radio Division.

Literature on request.

★

All Sinemaster Products Unconditionally Guaranteed

★

CLINICAL DEVELOPMENT COMPANY
54 ADELAIDE STREET EAST
TORONTO
Telephone EL. 6596

HYPRO- The Last Word in Washroom Facilities

Your customers will appreciate the thoughtfulness evident in a hygienic Hypro furnished washroom. Hygiene Products assure complete satisfaction and mean added goodwill for you.

HYGIENE Liquid Toilet Soaps
HYGIENE Cleaning Soaps
HYPRO Kraft Roll Towels
HYPRO Toilet Seat Covers
HYPRO Toilet Tissue
HYPRO Deodorizing Blocks
HYPRO No. 104 Paper Drinking Cups
HYPRO Receptowaste Units

And Attractive Dispensers for Above Products

HYGIENE PRODUCTS LIMITED

Montreal	Toronto	Saint John	Halifax	Moncton	New Glasgow
Quebec	Ottawa	Kingston	Peterboro	Hamilton	St. Catharines
Kitchener	London	Windsor	North Bay	Fort William	Winnipeg
Regina	Saskatoon	Calgary	Edmonton	Vancouver	Victoria

HYGIENE PRODUCTS LTD · HYPRO · PROMOTERS OF HEALTH

We will be pleased to discuss your washroom problems with you. Call your nearest Hygiene Products Branch for complete information.

1948

ONCE again it is our pleasure to extend to you and yours sincere wishes for a joyful Christmas Season and a New Year full of much happiness. May we, of the Stanley Brock organization express our appreciation for the cordial relations, which, in the past, have existed between us and we trust it will be our pleasure to serve you for a long time to come.

Stanley Brock Limited

WINNIPEG CALGARY EDMONTON VANCOUVER

Laundry Equipment and Supplies of Recognized Quality

Established 1902

Western Representatives of the Canadian Laundry Machinery Co. Limited, Toronto, Ontario

Across the Desk

(Continued from page 12)

Oxygen Company Changes Name

For many years a prominent supplier of medical gases and equipment to the medical and dental professions and hospitals, Oxygen Company of Canada Limited has changed its name to Ohio Chemical Canada Limited, according to Hugh D. Cameron, President.

There will be no change in business location or management, Mr. Cameron said, the change in the name of the firm being made only for the purpose of more readily identifying its association with The Ohio Chemical & Mfg. Co., Madison, Wisconsin.

Ohio Chemical Canada Limited has offices at 180 Duke Street, Toronto and at 2535 St. James Street, West, Montreal. Chief products are Ohio medical gases, Heidbrink apparatus for the administration of anesthetic gases, Heidbrink oxygen therapy apparatus, Kreiselman resuscitators, Scanlan-Morris sterilizers, surgical tables, surgical lights, Scanlan surgical sutures, and dental anesthesia and analgesia apparatus and supplies.

* * * *

Applegate Linen Markers for Nurses

The Applegate Chemical Company of Chicago, Illinois, is now celebrating its 50th year of supplying Indelible Inks and Linen Markers to the majority of the hospitals in the United States and Canada. They have now perfected the Applegate "MARK-IT" Home Linen Marker for nurses and those wishing to mark their uniforms and personal linens with their own name. This "MARK-IT" outfit, as shown, contains a marker with your own name die attached, a bottle of Applegate Indelible Ink, 3 extra felt ink pads, and a brush to apply ink to the pad. One marking lasts the full life of the linens.

* * * *

"Pazillin"—New Product of Sharp & Dohme

"Pazillin" is a thixotropic suspension of Penicillin G, 300,000 units per c.c. in peanut oil and aluminum stearate. It is indicated in the treatment of all infections requiring prolonged blood levels. A single injection of "Pazillin" maintains therapeutic blood levels for 96 hours.

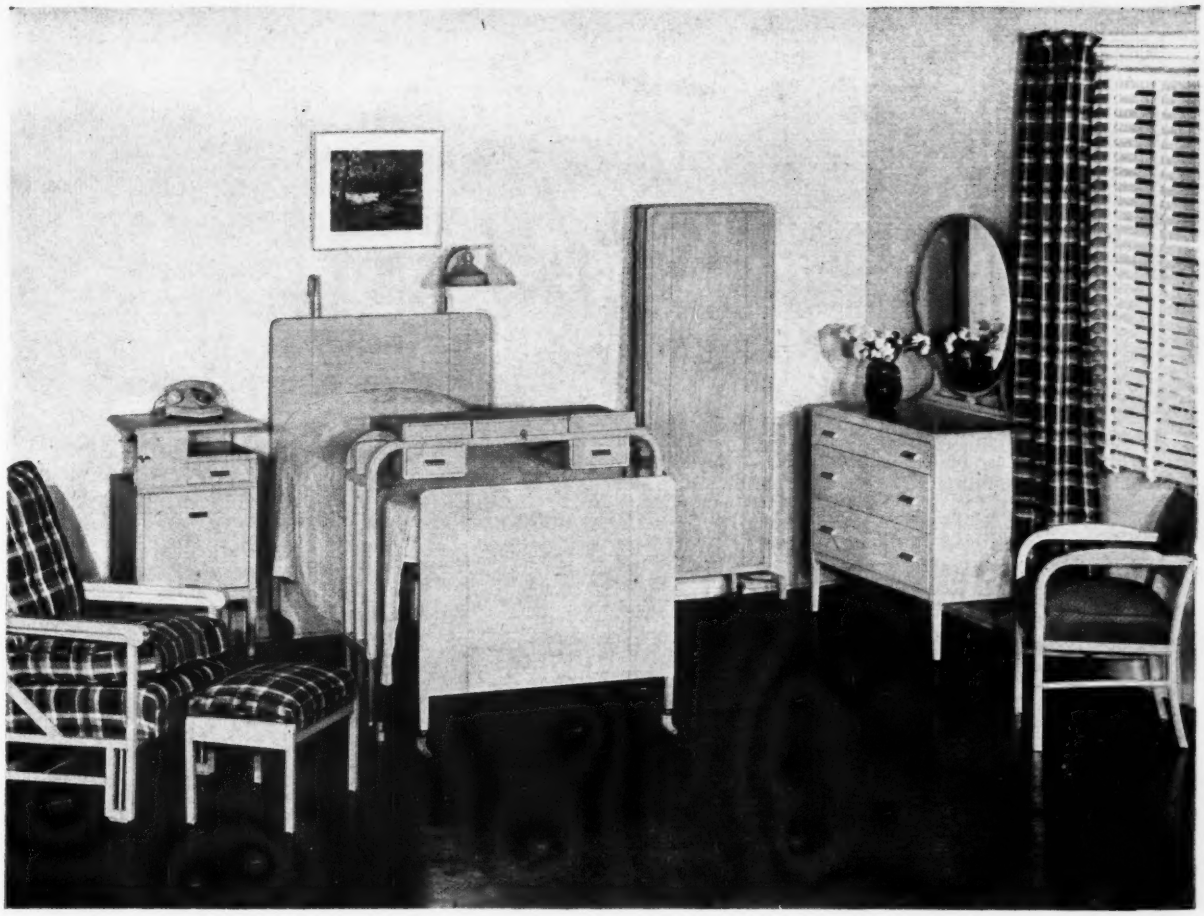
Pazillin is supplied in 1 c.c. BD disposable cartridge syringes and 10 c.c. multiple dose vials, each c.c. containing 300,000 units. This product is manufactured by Sharp & Dohme (Canada) Ltd., Toronto.

* * * *

Laundry Advisory Service

Vitally important to the operation of every department of the hospital is an ample supply of sterile-clean linens. Whether all departments have sufficient clean linens to function properly depends on the hospital loundry. So,

(Concluded on page 20)



Specially Designed and Constructed for Modern Hospitals

SANITARY — DURABLE — ECONOMICAL — MODERN

Simmons Hospital Furniture provides, in its efficient, functional design and sturdy steel construction, all the qualities desired to meet exacting hospital requirements.

The product of years of specialized research, it is available in a complete range (beds, tables, screens, dressers, chairs, etc.) and in a selection of attractive harmonizing finishes. (A typical example is the set, "Simmons Hospital Room No. 1", illustrated above.) Each piece maintains the established Simmons tradition of highest quality materials and mechanical perfection.

If special equipment is needed for particular requirements, our expert knowledge and experience are at your service for its development. Write to our nearest divisional office for hospital catalogue.

SIMMONS

LIMITED

Montreal Toronto Winnipeg Vancouver

"An excellent simple presumptive test for routine use in the diagnosis of diabetes."*

CLINITEST

THE TABLET NO-HEATING METHOD FOR DETECTION OF URINE-SUGAR

SIMPLE TECHNIC — "My experience with Clinitest has convinced me beyond a shadow of a doubt that they are the simplest from the technical standpoint . . ."†

SELF-GENERATING HEAT — "The reagent tablet, known as the Clinitest Urine Sugar Tablet . . . generates heat when dissolved and the use of externally applied heat is not required . . ."*

**Kasper, J. A. and Jeffrey, I. A.: A Simplified Benedict Test for Glycosuria, Amer. J. Clin. Pathology, 14:117-21 (Nov.) 1944.*

†Haid, W. H.: The Use of Screening Tests in the Clinical Laboratory, J. Amer. Med. Tech., 8:606-14 (Sept.) 1947.

Clinitest—simple, speedy, compact, convenient — is distributed through regular drug and medical supply channels.

Identification cards for the protection of your diabetic patients now available free upon request.

AMES COMPANY OF CANADA, LTD.
Toronto 4, Ontario

The big "I AM" of SUNFILLED
Concentrated
ORANGE and GRAPEFRUIT JUICES
...at their best

I AM the big 96 ounce institutional container capable of providing 192 4-ounce servings of delicious, healthful juice, comparable in flavor, body, nutritive values and vitamin C content to freshly squeezed juice of high quality fruit.

I AM free from adulterants or fortifiers . . . and am especially valuable in post-operative and infant feeding, because my indigestible peel oil content has been scientifically reduced to but .001%.

I AM able to offer outstanding economies in time, labor and cost-per-serving. A single attendant can prepare any desired quantity and return me to the refrigerator where an unused balance will keep for weeks if kept free from moisture.

I AM the answer to convenience. No bulky fresh fruit crates to handle. No inspection, cutting and reaming of fruit. No refuse to dispose of. You simply add water as directed and serve.

ORDER TODAY and request price list on other time and money-saving Sunfilled quality products.

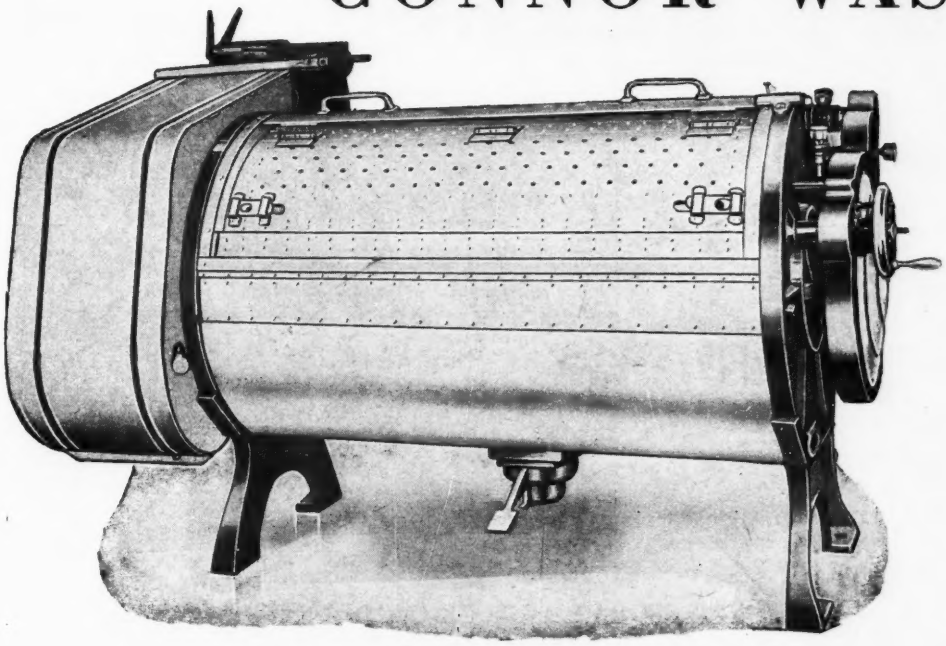
JUICE INDUSTRIES, INC.
Dunedin, Florida

Canadian Distributors: Harold P. Cowan Importers, Limited, 58 Wellington St. East, Toronto 1, Ont.

Low Initial Cost — Low Operating Cost

Feature These High Quality All Metal

CONNOR WASHERS



You Can Save Money With This Time Proven Laundry Equipment

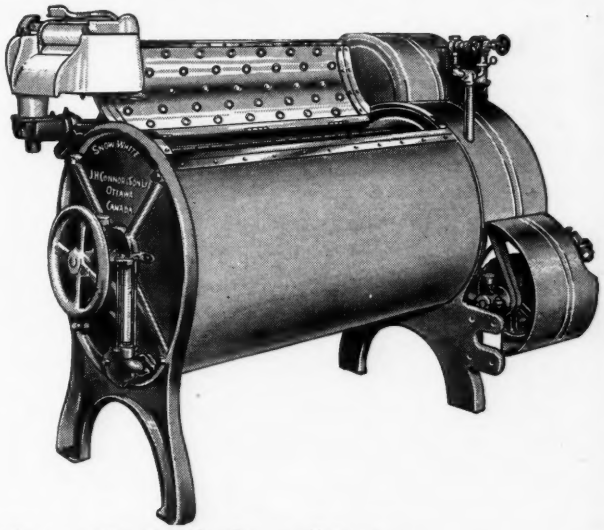
THE OTTAWA WASHER

No. 4 Ottawa Washer, complete with ¾ h.p. electric motor, single or three phase, 110-220 volt. Cylinder of hard brass, nickel plated and polished, 28″ x 48″. Capacity 40 sheets or 60 pounds dry clothes. Cylinder revolves on large, double race ball bearings, reducing power consumption 50 per cent. Weight 1,500 pounds.

No. 3 Ottawa Washer identical, but with 28″ x 42″ cylinder. Capacity 30 sheets or 50 pounds dry clothes.

THE SNOW WHITE NO. 2 WASHER

Complete with ½ h.p. electric motor and wringer. Cylinder 24″ x 40″. Capacity 22 sheets or 36 pounds dry clothes. Floor space 38″ x 64″. Weight 825 pounds. The greatest value ever offered for a metal washer of this size. Satisfied users from coast to coast.



Metal Washers from 36 to 150 pounds dry clothes capacity. Tumbler Dryers, Extractors, Ironers, Laundry Trucks. Write for catalogue and price list. Convenient terms arranged.

J. H. CONNOR & SON, LIMITED

10 LLOYD STREET - OTTAWA, ONTARIO

WINNIPEG—242 Princess St. ***Quality Washers Since 1875*** **MONTREAL—4026 St. Catherine W.**

HOSPITAL DIETITIANS SAY—

"The Hardest Thing is Serving Foods Everyone Enjoys"

Top problem with hospital dietitians are the complaints patients make that they don't like the taste of their food! People are apt to be funny when they're ill . . . often lose their appetite when they're lying in bed . . . and need something exceptionally tasty to tempt them!

And that's where Vi-Tone comes in! Its chocolate-malty flavor makes it a splendid way to make milk and egg-noggs so delicious patients ENJOY every drop! And its easy digestibility makes it specially acceptable for children's, convalescent's and older patient's diets.

From a dietitian's point of view, Vi-Tone is wholesome because it contains—

- **defatted milk**
- **Soya beans**
- **iron salts**
- **sucrose**
- **barley-malt extract**

YOU ARE INVITED to try Vi-Tone for yourself. Write Vi-Tone Products Ltd., Dep't. F-3, Hamilton, Ontario. A free trial tin of Vi-Tone will be sent you at once.

Across the Desk

(Concluded from page 16)

when overtaxed, obsolete equipment or inefficient, outmoded methods slow up production in the laundry, every department in the hospital is seriously handicapped.

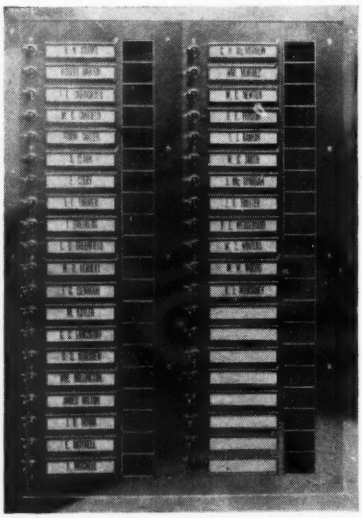
That's why it's sound management to bring the hospital laundry up to date. To-day, there is available greatly improved laundry equipment that does better work, in less time with less labor, and at lower cost.

To assist hospital executives in selecting equipment best suited to their particular needs, the services of a Canadian Laundry Advisor are offered without obligation. He is qualified to make suggestions and recommendations on how to modernize your laundry and get the greatest benefits with minimum investment. Further particulars available from Canadian Laundry Machinery Co. Limited, Toronto.

* * * *

Cannon Doctors' Register

Designed to be attractive as well as practical and serviceable, the Cannon Doctors' In & Out register is made of furniture steel and duralumin with a satin chromium finished furniture steel trim.



Each Doctor's name has its own individually illuminated slot. The name appears on film, between glass in a removable frame.

When the Doctor enters the hospital, he operates the switch opposite his name and thus illuminates his name panel indicating his presence. Registers are also available indicating waiting telephone calls with a red light opposite the names and with pigeon holes for written messages.

Registers can be supplied in both single and double faced models, either flush or surface mounted.

If required, additional registers with illuminated name slots can also be installed at any point in the hospital to operate in conjunction with the main register that is switched on and off by the doctor.

This equipment is manufactured by Cannon Electric Co. Limited, Toronto.

* * * *

C.G.E. Appointment

The appointment has been announced of J. W. Milne as Assistant Manager in Canadian General Electric Company's Apparatus Department.

A graduate of the University of Toronto in Electrical Engineering ('22), Mr. Milne received C.G.E.'s "Test" training in the following years. Since that time he has served in the head office apparatus department, his last appointment as assistant to the manager.

THEY'RE X-RAY DETECTABLE —

They can't be "LOST"

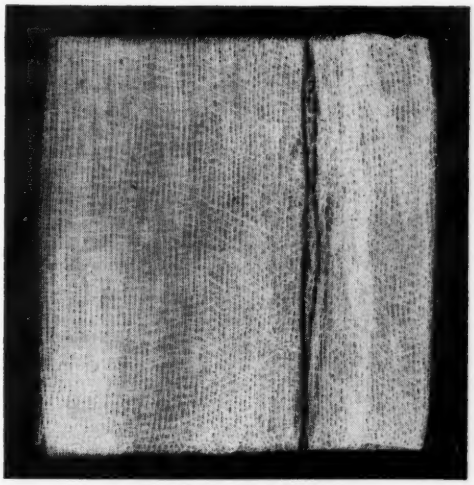
For O.R. convenience — for *automatic* precaution — there is a widely distributed *rayable* monofilament insert in every Ray-Tec* Sponge and Ray-Tec Lap Pack which is clearly visible through the *heaviest bone structure.*

Reasons for the superiority of Ray-Tec are these:

Permanent — Remains detectable even after months in the abdominal cavity. Its *permanence* is due to the fact that the concentration of barium sulphate, U.S.P., used in the insert is an essential component of the insert material, specially processed — not merely a coating.

Surer, Simpler Detection — The Ray-Tec insert is readily detected on the X-ray plate by both experienced and non-experienced observers. The poorer the quality of the film, the more accurate this statement becomes.

The *wider* distribution of Ray-Tec inserts simplifies detection; permits less likelihood of being mistaken for body structures or artifacts.



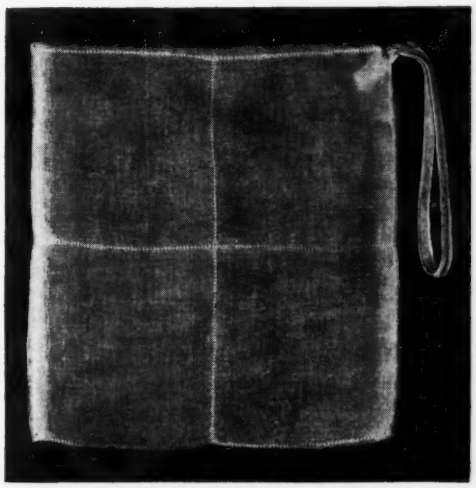
RAY-TEC SPONGES

Insert is anchored across *full area* of sponge, making X-ray detection absolutely sure. No loose fibres to become detached and enter field of operation.

Insert is contrasting dark color; distinguishes Ray-Tec from regular gauze sponges.

SIZES

3″ x 3″, 12-ply
4″ x 4″, 8-ply
4″ x 4″, 12-ply
8″ x 4″, 12-ply



RAY-TEC LAP PACKS

Insert is stitched to narrow tape which, in turn, is stitched *full length* of looped tape (approximately 16″). "Burying" of insert protects it, permitting frequent launderings.

SIZES

12″ x 12″; 18″ x 18″; 18″ x 4″; 36″ x 8″
(28 x 24 mesh gauze, 4-ply; with looped tapes)

RAY-TEC* —Its Development

Years of research and experimentation with various substances have enabled Johnson & Johnson to perfect the Ray-Tec monofilament insert, thus providing a ready means of diagnosing the possibility of sponge or pack "loss" without exploratory laparotomy.

The concentration of barium sulphate, the substance used in the Ray-Tec insert, is as nearly insoluble as any known salt. This insolubility explains its lack of toxicity and chemical re-action in the tissues. This explains also its being unaffected by sterilization or time, with the insert remaining soft and non-abrasive in any known circumstances.

Made in Canada

RAY-TEC SPONGES and LAP PACKS

Johnson & Johnson
LIMITED MONTREAL

*Trade mark of product made exclusively by Johnson & Johnson

Plan NOW to Attend the

HOTEL CONVENTION—RESTAURANT CONVENTION

and the

Largest Hotel and Restaurant Exhibition in Canada

Cardy Hall — Palm Court — Mezzanine

MOUNT ROYAL HOTEL, MONTREAL

January 11th, 12th, 13th, 1949

REGISTRATION — NORTH LOBBY
Opens Monday, January 10, 1949

ANNUAL HOTEL GREETERS' BALL
8.00 p.m., January 10, 1949

ANTIHEMOPHILIC GLOBULIN (HUMAN)

(New Product) **—CUTTER**

Antihemophilic Globulin is a clotting factor isolated from fresh normal human plasma.

SUPPLIED IN VACUUM-SEALED VIALS

Reduces clotting time . . . Protects known hemophiliacs . . . Specific homologous protein . . .

This material, which was developed as part of the Blood Fractions Program during the recent war, is the latest of the human blood fractions to be available commercially. It is sterile, non-pyrogenic, and has been tested on bleeding hemophiliacs for effectiveness. Before administration, a definite diagnosis of hemophilia should be made by a hematologist as the globulin is the specific material lacked by the majority of hemophiliacs and is **not effective in bleeding from other causes.**

Prior to administration, the coagulation time should be determined by a reliable standardized method. Since the coagulation time is prolonged in hemophiliacs during their bleeding crises, improvement in this characteristic is the best means of determining effectiveness of therapy before bleeding stops.

The material should be dissolved in 15 to 20 cc of sterile, pyrogen-free saline or distilled water and may then be injected either intramuscularly or intravenously. Intravenous injections is the route of choice since it is less painful and usually results in a coagulation time of less than ten minutes within half an hour after administration. The intramuscular route is often advisable for infants, young children, or individuals with poor veins. The maximum effect lasts for about four hours; and sometimes the coagulation time may once more be prolonged after twenty-four hours, requiring an additional dose.

It is also important to point out that the material contains nothing that is not present in **fresh** plasma. Therefore, if Anthihemophilic Globulin is unobtainable, fresh plasma should be equally effective. However, Antihemophilic Globulin has the advantages of effectiveness in small volumes, the possibility of administration either intramuscularly or intravenously, and the knowledge that it may be kept on hand will be readily available when fresh plasma is not.

CUTTER LABORATORIES INTERNATIONAL

Distributor

EARL H. MAYNARD — 17-21 Basin St., Toronto 8, Ont.

An Effective Adjunct in the Treatment of Certain Types of Tuberculosis

Clinical Experience has indicated that, as an adjunct to conventional therapy, Streptomycin is the most effective chemotherapeutic agent in the treatment of certain cases of tuberculosis. In selected cases, Streptomycin has been found effective in shortening the period of disability. The new, improved form of this valuable antibacterial agent — Streptomycin Calcium Chloride Complex Merck — provides three noteworthy advantages:

1 *increased purity*

2 *minimum pain following injection*

3 *uniform potency*

STREPTOMYCIN
Calcium Chloride Complex Merck

MERCK & CO.
LIMITED
Manufacturing Chemists

MONTREAL • TORONTO • VALLEYFIELD

CRANE DURACLAY* FIXTURES

"minimum maintenance despite constant use"

says the Executive Director of a Modern Hospital equipped by CRANE:

"Great care was taken in the construction to use only the best material. After considerable study, it was decided that the plumbing fixtures should be Crane. We have no cause to regret this decision.

"Our plumbing fixtures have been most satisfactory in every respect. We find that they require a minimum of maintenance despite constant and heavy use. We are happy to testify to our complete satisfaction with them."

High praise indeed! Yet these glowing words are typical of Duraclay users from coast to coast.

They agree that hospital fixtures of Crane Duraclay have no equal for unfailing service . . . for easy cleaning . . . for resistance to acids, abrasion, and scalding liquids.

This uncompromising quality extends through a wide range of Duraclay fixtures — plus all the specialized plumbing equipment that hospital service demands.

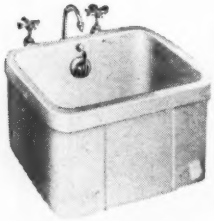
When you plan a new plumbing installation or modernize your present facilities, ask your Crane Branch, wholesaler, or plumbing contractor for full information — and be sure to have the new Crane catalogue, "Plumbing Fixtures for Hospitals and Clinics".

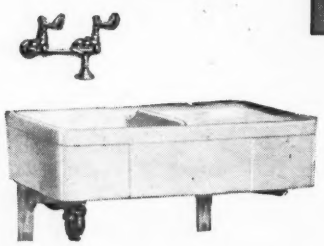
CRANE LIMITED

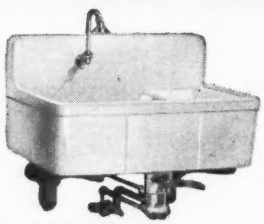
GENERAL OFFICE: 1170 Beaver Hall Square, Montreal

18 Branches in Canadian Cities and Newfoundland

1-9031







Here are pictured three of the Duraclay sinks and baths most popular with leading hospitals. From left to right, the C-6496 Duraclay Foot-Soak Bath, the C-5614 Riverside Instrument Sink, and the C-5621 Cornwall All-Service Sink.

**DURACLAY exceeds the rigid tests imposed on earthenware (vitreous glazed) established in Simplified Practice Recommendations R-106-41 of the National Bureau of Standards.*

CRANE

VALVES • FITTINGS • PIPING
PLUMBING • HEATING

NATION-WIDE SERVICE THROUGH BRANCHES, WHOLESALERS and PLUMBING AND HEATING CONTRACTORS

Harvey Agnew, M.D., Editor

The CANADIAN HOSPITAL

Toronto, December, 1948 Vol. 25 No. 12

Obiter Dicta

The Electric Power Shortage

IN many parts of Canada the power shortage is being felt more acutely this winter than ever before. This is most noticeable in Ontario and Quebec where the amazing industrial development, coupled with a coincidental lowering of streams due to an unusually dry summer and fall, has more than taxed the power available.

Last year many of the hospitals in one large province were seriously inconvenienced when the power was suddenly cut off for hourly periods and, on the first occasion, without any previous warning. It was fortunate that no loss of life in operating room or elsewhere resulted from this ill-advised action. This year many of the general hospitals in the areas affected have been supplied with a direct line which is not being pulled. Others have their own auxiliary power plant. The general manager of the Ontario Hydro-Electric Commission has informed us that the Hydro is making every possible effort to avoid inconvenience or danger to hospital patients. However, some hospitals are subject to the cutoffs and auxiliary power, if any, may not be adequate for the hospital's needs. The special hospitals in the Toronto area, for instance, find the 4 to 5 p.m. cutoff interferes seriously with the evening meal preparation and service, and a committee of the local hospital council is endeavouring to correct the situation.

Meanwhile in many doctors' offices the situation is far from happy. Those in office buildings find the elevator service cut off and patients unable either to get down or up. The numerous gadgets requiring electrical power become useless and the doctors must perforce revert back to the use of their fingers and ears—not a bad idea at that. Stenographers usually have inner offices and find typing impossible. Even the gas pumps cannot service the doctors during the cutoff periods.

We are informed by Hydro spokesmen that the most serious offender in wasting power is the domestic consumer. If domestic users would eliminate unnecessary wastage, we are told, cutoffs could be eliminated entirely. This is obvious from a walk along any residential street in the evening, although probably the greatest loss is in the unnecessary use of the big rapid-heat element on the electric range, the use of the oven to heat the kitchen in the mornings, and other wasteful procedures. There is little doubt, too, but that hospitals could reduce their consumption still more if every member of the staff would co-operate by turning off the lights and power on every possible occasion.

Letting George Do It

AT the Saskatchwan convention Dr. Gordon E. Wride, director of the provincial Division of Hospital Planning and Administration, put his finger on a situation which has caused much concern, not only in Saskatchewan but in other provinces as well. Dr. Wride noted that "a rather disturbing resistance has been encountered among the people of certain fringe areas who are apparently desirous of making use of the facilities within hospitals provided by their neighbours without assuming any responsibility themselves". He pointed out that approximately

50 per cent of the people of the province are taxing themselves through local authority to provide and maintain hospital facilities for the total population of the province. This situation has been protested by the Saskatchewan Association of Rural Municipalities on behalf of their ratepayers, and also by the Saskatchewan Association of Urban Municipalities, for the cities also are victims of this condition.

This has long been a bone of contention in hospital circles. In the case of voluntary hospitals the situation has been accepted to a large extent, for little could be done about it except to urge all areas to do their part; for that matter, outlying areas often had little wealth to contribute. But it is different in a tax-supported institution, for every ratepayer using the hospital should carry his share of the burden. It is bad enough to have the local property owners pay, in large measure, for the facilities used by the local non-ratepayers, without having to bear the capital cost of facilities to serve neighbouring municipalities. Examples of this situation exist all over the country. Not long ago the city of Stratford, wishing to enlarge the local hospital, ascertained the proportionate use made of the hospital by the surrounding rural municipalities and proposed that the capital costs be prorated on the basis of utilization. Some neighbouring municipalities did agree to help but we understand that the majority did not. Under those circumstances the only thing to do is to charge higher rates to the residents of non-supporting muncipalities.

This is one of the many difficulties encountered in making taxation equitable at the municipal level. Another is discussed elsewhere in this issue in connection with the basis of municipal taxation for hospital support being insisted upon in Alberta. The problem there, however, is not that of spreading the cost to other municipalities but of obtaining support from non-ratepayers in the same municipality. As for the Saskatchewan situation, Dr. Wride states that, "It is our feeling that a much firmer stand will be required in order that all the people share equally in the important task of providing hospital facilities." Dr. Wride and his colleagues are to be congratulated on stressing rather than side-stepping this issue. Apparently there is provincial legislation which will permit the government to include the so-called "fringe areas" in existing union hospital districts where it can be shown that it is proper and right to do so.

Again the Anti-Something-or-Others

EVERY once in a while publicity is gained for some excitable group which, with more zeal than either knowledge or judgment, raises a tremendous commotion about something which has become so generally accepted that it is no longer a topic of discussion in well-informed circles. Sometimes it is the anti-vaccinationists who still try to arouse public opposition, although for many long decades intelligent people have been fully aware of its value. Could these misinformed people but realize that, before the time of Dr. Jenner, up to one-third of the people of the larger English cities died of smallpox during the more severe epidemics and up to a third of the survivors were pock-marked, their silly opposition would quickly fold up.

And now, because some dogs have been disappearing in a suburb of Toronto, a spokesman for the Canadian Animal Defence League insists that the Banting Institute and certain research divisions in the University of Toronto are responsible for the "dog-napping"! She is quite positive that the Banting Institute has a salaried employee skulking around enticing family pets into his van, and even hints that the university might be behind the dognapping in Hamilton. That would really justify Hamilton in starting a civil war. Once more the director of the Institute, Professor Charles Best, has had to explain for the *nth* time that there is no truth in these criticisms of the Institute. No one is employed to get dogs and, anyway, nearly all experiments are done on rats. At the Connaught Laboratories, animals are only obtained from two recognized dealers whose sources of supply are perfectly legitimate and who would not think of stooping to questionable methods.

The highly emotional publicity of these well-meaning but misguided people, with their efforts to present supporting evidence by interpreting selected statements isolated from their context, or by harking back to the none-too-scientific views of Queen Victoria on vivisection, might be considered as light reading were there not always the possibility that some people might be influenced by it. The tension created by high-pressure publicity in California some years ago, bordering on mob hysteria, became so dangerous politically that leaders in science saw the possibility of all the universities in California being compelled to close down their medical research laboratories. Had not those who realized the value of research launched a strong counter-attack, this sad situation might easily have resulted.

Oddly enough, those who object the loudest to what they *think* goes on in laboratories which they have never entered are often among the first to demand the fruits of these investigations when they themselves take sick. Nearly all of our great discoveries in medicine for the past fifty years have had, somewhere in their development, the benefits of animal research. This applies to such extracts as insulin, vitamin therapy, the newer knowledge of virus diseases, and many of the more intricate surgical procedures. The Banting staff point to more than 1,000,000 diabetics on this continent who are alive to-day because of insulin. And the story is told of how Frederick Banting, accused by one of these people of misusing his experimental dogs, took one of his little pets to the laboratory door and told this loquacious intruder that if he could coax the dog away he could have it. The dog would not leave the man it trusted.

Lloyd Stevenson in *Sir Frederick Banting* writes that "the dogs were always spared unnecessary pain . . . . His anxiety for their welfare . . . . makes the

campaign conducted against him at a later date by the anti-vivisectionists in Toronto appear all the more absurd." And Seale Harris, in his *Banting's Miracle* writes, "He comforted himself with the thought that when his miraculous iletin became plentiful it would enable veterinarians to save the lives of many dogs for each one he was now forced to destroy. Meanwhile he had an unusual gift for dealing with the dogs and winning their confidence. He talked to them as if they were children, calling them by name and petting them. Most of them were trained to put out their paws and hold them steady while samples of blood were taken ..." Such statements make the accusation of torture chamber methods sound ridiculous.

Problems of the Small Community Hospital

W. S. Caldwell, M.D.,
Brampton, Ont.

IF only from the standpoint of numbers, the small community hospital should excite the interest of all thoughtful people. There are still those who claim that in these days of rapid transportation there is no need for the small hospital. This opinion is usually held by those who think only in terms of major illness which ought to be, and almost always is, treated in the large city hospitals.

Generally speaking, the small hospital is credited with making a very fine contribution to the care of the sick and to the welfare of the nation. In any event, there is no lessening of public demand for small community hospitals, as any provincial government will verify. The greatest single factor in creating this demand is the desire of most family groups to have the sick member close to his home. Then, too, the public as well as the medical profession recognizes the advantages of using the hospital for obstetrics and minor surgery—conditions which require that facilities be close at hand.

The remarkable growth of both non-profit and commercial hospital prepayment plans has caused the public to expect hospitalization for less serious illnesses, and no doubt the advent of national compulsory health insurance will have a similar effect.

The tendency toward greater use of hospitals is being accelerated further by the revolutionary development of chemotherapeutic agents and by public awareness and acceptance of intravenous blood substitution, dietetic therapy, radiological control of fracture reductions, and a growing list of modern therapeutic trends. Since most of these measures can be applied by the average practitioner and with a minimum of equipment, they have been a decided factor in increasing the demand for local hospital care.

Proposed New Hospitals

It does not follow that new hospitals can or should be proposed without careful thought. Principally for economic reasons, hospitals should be established only after study of the population density, transportation facilities, natural commercial outlets, proximity of other hospitals, economic status of the area, and many other factors, the appraisal of which should be made by an experienced hospital consultant or, preferably, by an area-supervising board.

More important still, hospitals should only be established where there is practical unanimity of public demand and where all sections of the community or area are co-operating in the undertaking. There should be but one active treatment hospital in any community of the size with which we are here concerned. Proprietary hospitals, if present, should be willing to merge with the new enterprise. The governing board of the new institution should be representative of the entire area concerned. Much general publicity must be given to the proposal to ensure a proper understanding of the purposes and limitations of the new institution, for "it is much easier to get a hospital into a community than to get community thinking into the hospital".

First Steps

Community pride in an up-to-date, well-planned hospital building greatly encourages community wide co-operation. Not infrequently, the movement for a new hospital is initiated by a bequest or the availability of a large residence or other building. Even in these days of difficult and expensive construction, a community should be warned against using such a building. Anything that may be saved in capital costs will be lost eventually by constant repairs, by the high cost of specialized installations for plumbing, lighting, and technical equipment, and by high operating costs. In the meantime, the patients have less comfort, the staff endures inconvenience, and community interest in the new hospital may diminish.

The same applies to the hospital site. Hospital grounds should be spacious, bright and quiet, but it is equally if not more important, especially in towns without public transportation, that the hospital be located near the centre of activity where it can be reached conveniently by the outpatient and friends of the sick, as well as the ambulance driver.

Early in the planning, an estimate of cost will be attempted. The more

From an address presented at the Ontario Institute for Hospital Administrators and Trustees, London, 1948.

Season's Greetings

TO our readers from sea to sea, to those in countries to the south and in lands beyond the seas, to all who have contributed to our editorial pages either articles or news, and to our good friends, the advertisers — *The Canadian Hospital* extends to one and all sincere wishes for a joyous Christmas and a prosperous New Year.

Les Compliments de la Saison

A TOUS nos lectures d'un océan à l'autre, à ceux des pays du sud et audelà des mers, à tous ceux qui ont collaboré à nos pages éditoriales et à nos bons amis, les annonceurs, *The Canadian Hospital* souhait un joyeux Noël et une heureuse année.

thought given to this before seeking the necessary funds, the fewer headaches are likely to result. Some of the items which it is easy to overlook in figuring a building budget are the following: consultant's fee; campaign costs; engineer's fee; cost of bringing utilities to the site; contractor's bond; fire and liability insurance during construction; legal and accounting services; preparing the finished building for opening and operation; cost of driveways, sidewalks and landscaping.

Relation to Public Health Services

Before plans are completed, it is well to consider the future relation of the hospital to public health services. Rural health units are increasing in number; mass chest x-ray programs are developing greatly and are likely to be supplemented by mass electrocardiograms, cancer detection clinics, and chest x-rays of all admissions to our general hospitals.

These newer developments, as well as the already well-established clinics and services of our health departments, are closely related to the services of the active treatment hospital. It is not hard to believe that the accomplishments of each would be enhanced by close association of facilities and personnel, especially in the small community. There is merit in the suggestion that the administrative offices and clinical services of the health unit be housed in the hospital. Clinic facilities would then be available to the hospital; overhead and operating expenses shared; and therapeutic and preventive personnel would work in close co-operation. Such an arrangement would create a broader community interest in the hospital and accelerate the growing attitude that the hospital is a place to regain health.

Staff

No one factor can do more to make or mar the efficiency of the hospital's operation than the choice of the superintendent. In the small hospital she must necessarily be a nurse, and "it takes a better-than-average nurse-superintendent to keep the medical staff and the personnel working in harmony, the physical plant in order, the books balanced, and the community friendly. Few have the vision to see anything more than routine possibilities in the relationship between the hospital and community health. She must have tact, initiative, courage, sound technical information, administrative finesse and personality." Such a person is not easy to find, but diligent search will pay off handsomely. The superintendent is most likely to be competent if she has advanced through hospital nursing and supervisory experience to a junior administrative post.

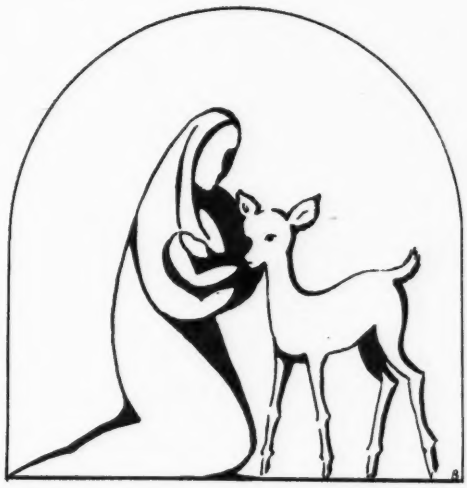
If the choice of a superintendent is favourable, half the staff problem is solved—even in these days of limited personnel. The problem is a particularly thorny one for the small hospital since there is no training school from which to draw replacements for the graduate staff. However, an all-graduate nursing staff makes the choice of a superintendent the more important since the absence of training school discipline throws the full burden of maintaining harmony on her winning personality, good judgment and tact. The nurse-superintendent who can manage this situation is likely to be equally successful in her relationship with the board, the medical staff, and the public.

Many small hospitals have been unable to solve the problem of the special technical services. The use of the provincial laboratories is of great assistance in dealing with certain biochemical tests and pathological examinations, but the quality of medical service would be improved were a trained pathologist available to relate clinical diagnosis to post-mortem findings. Many simple procedures are within the skill of specially trained laboratory and x-ray technicians, but the supervision of a graduate biochemist and an experienced radiologist would raise the status of the small hospital immeasurably. Could the problem not be met by the direct association of each small hospital with a large institution whose staff of specialists would visit the respective departments of the affiliated hospital to do the more intricate work required and to coach and encourage the full time technicians there employed? This affiliation might provide also such assistance as a rotating resident, dietetic supervision, and the requisitioning of special equipment, drugs and supplies.

Medical Staff

One of the greatest returns to the community from the establishment of a small hospital is the improved standard of medical service. The

(Concluded on page 68)



"Unto Us a Child is Born"

THE hope of the world has always rested in its babies. Two thousand years ago, when Roman tyranny held universal sway, a Child was born in a lowly Judean stable. Cradled in poverty and obscurity, He turned the course of history and set in operation dynamic forces which have been responsible for the finest achievements of our civilization.

1809 was another discouraging year. Napoleon Bonaparte had turned Europe into a charnel house and the creative movements of that day had passed into eclipse. But six babies were born in 1809 whose names were Abraham Lincoln, Charles Darwin, Alfred Tennyson, William Gladstone, Felix Mendelssohn and Cyrus McCormick, the inventor of the harvester. These children, and not the proud dictator, held the future in their tiny hands.

Thus it has repeatedly happened that when times were darkest, a baby was born who became the pioneer of a new era.

In the maternity ward of some Canadian hospital there may lie to-day a baby who is destined to lead the world in some great forward movement towards brotherhood and peace. Consider, this Christmastide, the romantic possibilities of every baby who comes under your care. One of them may be a new light to lighten our darkness and to bring us out of our present difficulties into the dawn of a better day.

—Rev. G. MacGregor Grant

What the MEDICAL STAFF Expects of the TRUSTEE

C. M. Bethune, M.D.,
Superintendent,
Victoria General Hospital,
Halifax, N.S.

THE hospital, one of the most vital units in any community, has many responsibilities towards that community and these obligations are widely recognized. However, the same degree of recognition is not given to the fact that the community, and its citizens, must assume certain responsibilities towards the hospital and, of these, one of the foremost is the provision of a competent board of trustees—the body which is responsible for the efficient functioning of the hospital and for the type and quality of the service rendered in it.

Good Counsel

It is to the trustees that the community looks for the proper maintenance of a hospital, and from them that the administrator must seek guidance and counsel, but the medical staff—the group which is the principle instrument by which the hospital renders its service—also has the right to expect direction, good counsel and leadership from the board.

The medical staff, first of all, expects the board to be a group not unwieldy in size, but large enough to represent a full cross-section of its community rather than just one segment of it. A board which does not represent all strata of the community cannot formulate policies based on a true knowledge of the public needs.

Success in the business world is very often the basis on which appointments to the board of trustees are made and, consequently, the trustees are usually exceptionally well qualified to administer the financial affairs of the institution. However, in the formulation of hospital policies, many other aspects of community life are involved. The formulation of policies involving the professional care of patients, without sufficient knowledge of their effect on the service rendered by the hospital, is an extremely serious matter. It is only logical for the staff to expect the trustees to recognize this; to seek the advice and guidance of the trained and experienced professional members of the staff; and, having received such advice, to formulate progressive, workable policies in the light of hospital and community requirements.

The community hospital has as its prime responsibilities the following obligations:

(1) The provision of adequate facilities for the care of the sick;

(2) Facilities for the training and teaching of doctors, nurses and technical staff;

(3) The promotion of health and the prevention of disease.

For each of these obligations to the community, the board is responsible and the medical staff looks to the trustees for the means of their fulfilment.

Space and Equipment

To care for the sick and injured requires not only competent and qualified medical, nursing and technical staffs, but sufficient space, good equipment and many ancillary departments. The provision of these by the trustees is expected by the medical staff. Boards of trustees are traditionally supposed to be rather conservative bodies, but the staff looks to them to be conversant with new trends in hospital design, modern equipment, and improvements in facilities for the care of the sick, and expects them not only to co-operate, but to take the initiative in obtaining them.

Selection and Organization of Staff

The appointment of the staff is the function of the board of trustees, and the board should exercise care in the selection of staff personnel. The staff expects the board to realize that the mere possession of a degree from a medical school and a licence to practise medicine are not, in themselves, sufficient qualification for staff membership. The staff relies on the board to ensure that it is composed of qualified physicians and surgeons who will use the hospital facilities with intelligence, who are co-operative, progressive, scientifically-minded, and who have the welfare of the patient foremost in mind.

In view of the fact that the great majority of staff problems arise because of faulty organization, the staff, with every right to do so, expects the board to make sure that the staff is fully and properly organized. Such organization, which must be a workable and efficient one, can only be attained in conjunction with and on the advice of the staff itself.

Professional Standards and Education

The maintenance of high professional standards in the care of patients is the moral and legal responsibility of the board and, as a part of this great responsibility, is it too much to expect the trustee to cultivate a real interest in medical work, its recent advances, and other phases of health and hospital programs? Should not the medical staff consider the trustee a co-operator in hospital endeavour and a person keenly interested in the work of the medical aspect of the hospital?

The maxim that "a hospital is only as good as its teaching" is indeed a true one, whether or not one refers to the formal education of young doctors and medical students or to the continuation of self-education on the part of the staff. No hospital is too small to have facilities for education and the trustees are responsible for providing the means of increasing the skill and knowledge of staff members while in active practice. In the larger teaching hospitals these facilities are provided but, in the smaller, non-teaching hospitals, the

(Concluded on page 82)

An address presented at the Maritime Hospital Association Convention, 1948.

CRASH!

How One Hospital Coped With a Major Emergency

When a bus and a street car collided in Toronto, seven persons were killed and a number seriously injured. The bus was carrying a party of men belonging to the Argyle Sutherland Regiment with their wives and families who had been attending a dance in Toronto. They were returning to Hamilton when the tragic accident occurred.

Sister M. Louise,
Superintendent,
St. Joseph's Hospital,
Toronto.

FOR some months Friday night at St. Joseph's Hospital, Toronto, had been *the* night in the emergency ward and it was usually with a certain anxiety that the day staff retired on Fridays. As it happened, two or three such nights previous to the fateful Friday, November 5th, 1948, were fairly quiet. Nevertheless, when on this night the engineer requested permission to turn the steam off from 9 p.m. until 5 a.m. to make certain changes in the power plant, it was with some concern that the superintendent agreed.

In all hospitals, whether Catholic or non-Catholic, we realize that Divine Providence is the "governing body" and that "the good Lord is watching over us". The hazard of having the steam turned off for eight hours proved a blessing in disguise because a large amount of autoclaving was done early in the evening. Then unexpectedly the steam came on again at 12.30 a.m.

Suddenly, at 1.30 a.m., a taxi-driver rushed in calling for a doctor—a bus and a street car had collided—there were scores of injured in need of help!

Procedure

The intern on emergency called the surgical resident and other interns. The resident, on the point of answering the call, heard sirens coming closer and closer, so took up his post in the emergency operating room and waited. The Sister night supervisor gave directions to have all nurses who could be spared sent from the floors, also stretchers, extra linen, blankets and gowns; nurses who had taken their emergency term were called from the residence. The Sister Superior and the Chaplain were also notified. A physician who happened to be there with a patient took over the telephone and in half an hour the surgeon in charge of the emergency department, Dr. C. E. Knowlton, and other members of the surgical staff were on the job.

Departments Involved

A word picture of the departments involved may clarify the situation. We have only three rooms for emergency use, situated centrally on the ground floor. Adjoining is the cystoscopic room and to the south, the out-patient clinical rooms and doctors' offices. Opposite are three laboratories and to the west is a clinical room containing four cubicles large enough for two stretchers or two examining tables. To the north are the x-ray and physiotherapy departments. All rooms were made available and an intern and student nurse assigned to each one until the surgeons arrived.

Segregating the Injured

At 1.45 the first ambulances began to arrive. The waiting physician stepped into action, segregating patients according to head injuries, bad fractures or severe shock. These were wheeled on stretchers into one of the emergency or improvised operating rooms. They were examined immediately, treated and referred to a general surgeon, an orthopaedic surgeon or a neuro-surgeon as the case happened to be. Of the fifty-five patients who were treated, twenty-four were admitted. Twenty of these were fracture cases of every type: fractured skull, 1; spine, 3; long bones of arm and leg, 8; ribs, 2; sternum, 1; malar bones, 5. Seven had cerebral concussion and several were given transfusions of plasma.

Beds, loaned from the nurses' demonstration rooms or intended for the new building, were set up in the corridors. The critically injured were admitted as soon as the beds were ready—sixteen by 5.00 a.m. The other eight were made as comfortable as possible on examining tables in the clinical room.

Patients with minor injuries were seated on chairs or benches in the corridor. A nurse entered each patient's information on the emergency form, fastening it to his coat. Then the surgeon examined the patient and wrote his findings, noting whether he was to go to x-ray, await treatment or go home. Arrangements were made by the T.T.C. for transportation of city residents and by the Canada Coach Lines for those going back to Hamilton.

In the midst of all four were carried in dead. They were placed in rooms a little distance from the centre of activity. Sergt. Major McGinley, who had organized the party, was given the tragic task of identi-

(Concluded on page 80)

New Type of Two-Bed Ward

Australian Architect's Design Combines Privacy and Companionship

A TWO-BED ward unit, designed by an Australian architect has attracted considerable attention from hospital planners both in Australia and other countries.

The designer, Mr. Percy E. Everett, chief architect of the Victorian government, believes that this new ward goes far towards combining the privacy of a single room with the companionship of a two-bed ward, and the ease of nursing service and observation of an open ward.

In the average two-bed room, the bed by the window is usually the favoured one. The occupant of the bed near the inner wall is "pocketed off", without any outside view except across his neighbour's bed. When the curtains between the beds are drawn, his view is confined to curtain, ceiling and inside wall.

The ward designed by Mr. Everett is hexagonal instead of rectangular, and the second bed is placed forward by nearly half a bed length. The back wall is built around the bed-heads, giving the inner patient an uninterrupted oblique view of the window.

There is a lightly hinged miniature wall screen, extending from a little above eye-level to mattress level, which can be manipulated by the patient in the inner bed. The screen can be folded back against the wall if not required, or can be opened fully to give complete privacy. A single panel or "port-hole" in the screen can be opened enabling the patient to chat with his neighbour.

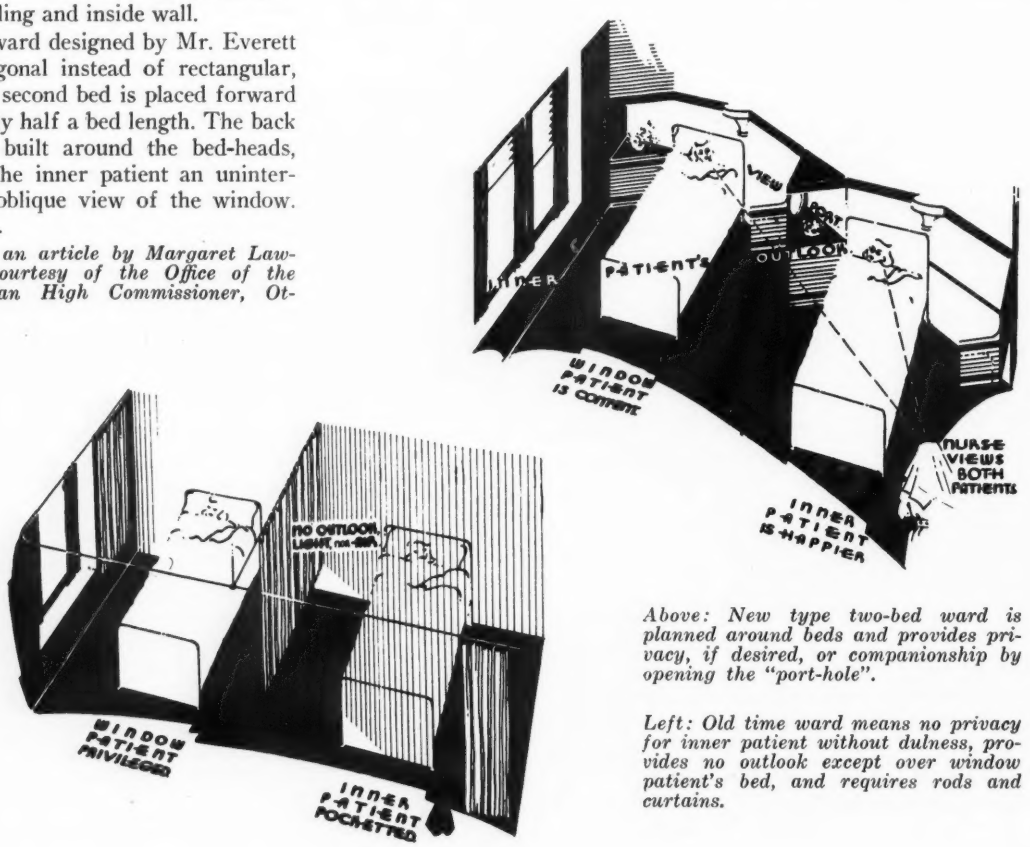
The arrangement allows more open space at the head of each bed and the hexagonal shape enables space to be saved on furniture. Between the wall and bed-head is a built-in wardrobe and within easy reach of the patient is a built-in triangular bedside cupboard. Also within easy reach is a new type composite light unit, with reading lamp, switches for the nurse's call, and radio, in one fitting.

The small outline sketch shows how a small balcony between two adjoining two-bed wards is a further utilization of space. This miniature veranda does not deprive the ward of any of its natural lighting or ventilation and the head of the outer bed can be drawn into this space. The windows of the ward extend almost from ceiling to floor level and across the full width of the ward.

A four-bed ward unit consists of two new style two-bed units laterally paired with partitions terminating at the central aisle and light metal screens on each side ensuring privacy. This makes the ward units spacious, attractive and airy. The nurse moving along the central aisle can view the patients on either side and has easy access to them, although the patients on one flank are hidden from those in the opposite unit.

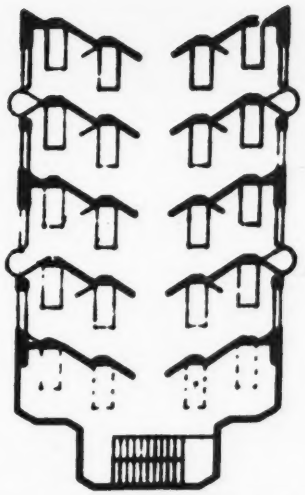
The actual shape of this type of ward unit provides an effective acoustic quality contrasting with the sound-amplifying effect of long lofty corridors. The cost of building and servicing these units is less than the

From an article by Margaret Lawrence, courtesy of the Office of the Australian High Commissioner, Ottawa.



Above: New type two-bed ward is planned around beds and provides privacy, if desired, or companionship by opening the "port-hole".

Left: Old time ward means no privacy for inner patient without dulness, provides no outlook except over window patient's bed, and requires rods and curtains.



Wards would be in multiples of four.

ordinary two-bed ward with doors leading into a middle corridor. Each bed occupies 100 square feet of floor space, inclusive of the open middle aisle, which is in conformity with recent hospital planning regulations.

It is expected that the first Australian hospital building to incorporate the new type ward unit will be the Watsonia Sanatorium, a 10-storey 400-bed institution which will be built at a cost of over £1,000,000 by the Victorian government.

Exhibitors Arrange Entertainment at O.H.A. Annual Convention

Displays of the exhibitors at the O.H.A. convention last month attracted many delegates. The well arranged booths occupied all available space and some applications had to be rejected for lack of accommodation.

Following the banquet on the second evening of the convention was a very fine variety show arranged by the exhibitors and attended by over 1,000 persons. Music was furnished by Stanley St. John, and talent of the best calibre had been secured from various parts of Canada. The audience expressed its keen appreciation by spontaneous applause and more than one performer was brought back for an encore. The exhibitors also arranged a brief diversion for the Monday luncheon at which time the entertainer delighted the audience with his imitations.

Much credit and appreciation goes to the exhibitors for their part in making the convention a success.

Arthritis and Rheumatism — Canada's Crippling Diseases

REPRODUCED below is a chart which appears on a publicity leaflet distributed by the Arthritis division of the Vancouver Health League, B.C., indicating the number of cases of arthritis as compared with other diseases. The leaflet itself is an eye-catching one, bearing the appeal to "Join the B.C. division of the Canadian Arthritis and Rheumatism Society". On the front is a large shadowy figure similar to those seen in the chart, and across it in big red letters are the words "Canada's No. 1 Crippler". On the second and third pages are pertinent quotations from well-known authorities and a list of facts about arthritis, such as:

600,000 Canadians are suffering from some form of chronic rheumatic disease.

There are twice as many sufferers from rheumatic disease as from heart disease, seven times as many as from cancer, ten times as many as from tuberculosis.

The average age of arthritis sufferers is 41 years. The average age of those permanently crippled is 55 years.

Arthritis is common amongst those engaged in mining, logging, fishing, agriculture and kindred industries.

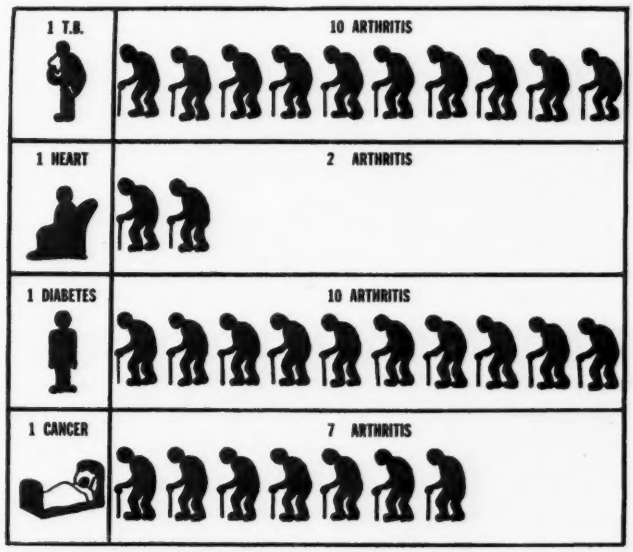
Arthritis accounts for a greater number of days lost from work than any other chronic ailment except nervous and mental diseases. (Last year in Canada approximately 8,300,000 work days were lost through arthritis. At an average wage of $4.00 a day, this represents a financial loss of $33,000,000).

In Canada, only one hospital is equipped for specialized treatment of arthritis. It can care for only 75 paying patients.

Across the bottom of this page is a red banner with the words "Declare War on Arthritis".

Dr. Wallace Graham, President of the Canadian Arthritis and Rheumatism Society, in an article published in *Health* magazine, states: "Although much has been accomplished in the field of rheumatism during the past few years, the problem is a gigantic one and facilities to treat all sufferers in this country with modern forms of therapy simply do not exist. The public mind has been focused for years on diseases which "kill", such as cancer and tuberculosis, but it is hoped that in the near future similar recognition will be given to the various forms of rheumatism or arthritis, the greatest cause of chronic disability in this country."

Such leaflets as the one described here, brief, readable, and informative, will do much to direct public attention and support toward the work being carried out by the Canadian Arthritis and Rheumatism Society.



Cases of Arthritis Compared with other Diseases.

Dr. A. F. Anderson

Honoured with

Life Membership

Dr. A. C. McGugan (right) presents Dr. Anderson with engraved citation.

The Associated Hospitals of Alberta presented Dr. A. F. Anderson, recently retired superintendent of the Royal Alexandra Hospital, Edmonton, with a Life Membership, at its annual meeting in Calgary last month.

At the banquet, his colleague, Dr. Angus C. McGugan, in presenting this membership delivered the following citation:

I SPEAK for all of you when I say that although we are happy to have an occasion on which we can do honour to a truly great hospital administrator, a truly great citizen and a truly great man, yet we are saddened by the thought that this occasion signifies a break in a relationship which has existed for some twenty years and which has been profitable and pleasant to every member of this Association.

In these days of uncertainty, indecision, vacillation and compromise, it is refreshing to find a man who can think and reason clearly and who has the courage to fight for his convictions; to "hew to the line and let the chips fall where they will". Such a man is Doctor Anderson. If each of you were an artist and if one were to ask each of you to sketch Doctor Anderson in his most characteristic pose, I am sure that every sketch would contain a swinging fist—either a clenched first pounding home a conviction on a board room table or punctuating his contentions before a convention audience.

In common with all our empire builders, the man whom we honour this evening always has been imbued with the pioneer's love of adventure and struggle. Born in Campbellford, Ontario, of pioneer Scottish parents, he joined the great group who around the turn of the century heard the call of the last great west and migrated to Manitoba. He received his primary and secondary education at Peterborough, Ontario, his college training at Trinity Medical College, Toronto, and graduated from Manitoba Medical College in 1902. From 1902 to 1909 he practised medicine in and around Kenton, Manitoba. Essentially those were the "horse-and-buggy" days when the doctor carried his skill, knowledge, and personality into the home. In 1910 Dr. Anderson took a year's post-graduate training in New York, after which he located in Edmonton where he practised in internal medicine until 1928. When the University of Alberta Medical School was organized in 1918 he was one of the first members of the out-patient teaching staff. My first meeting with Dr. Anderson was as a student when he gave us a clinic on scarlet fever. I still remember the clinic in detail, thanks to the concise clarity of Dr. Anderson's presentation.

Prior to his accepting the superintendency of the Royal Alexandra Hospital in 1928, Dr. Anderson served on the Edmonton Hospital Board from 1920 to 1923 and from 1926 to 1928. He became superintendent of the Royal Alexandra Hospital shortly before the economic crash in the closing months of the 1920's, piloted the affairs of that institution through the hungry thirties and brought the hospital to its present high state of efficiency. One would think that such a task would have been a full time job for any man, yet Dr. Anderson found time during the past twenty years to hold the following appointments and efficiently to perform all the multitudinous duties which these offices entailed:

Past president of the Edmonton Academy of Medicine, the Alberta Medical Association, the Alberta Hospital Association; founder and chairman of the Edmonton Hospitals Advisory Council (1933—); founder and chairman, Edmonton Group Hospitalization Board (1934-1948); personal membership, American Hospital Association (1930-1948); Fellowship in the American College of Hospital Administrators since its organization and member of the Board of Regents for that College for district 15; member of the Executive of the Canadian Hospital Council and past vice-president of that Council; and, finally, Dr. Anderson has served repeatedly as chairman of the legislative, nominating, and resolutions committees of the Associated Hospitals of Alberta.

Dr. Anderson has carried the same spirit of enthusiasm into his play as he has into his work. For over a quarter of a century he was one of Alberta's foremost curlers. He is a charter member and past president

of the Royal Curling Club of Edmonton, past president and life member of the Dominion Curling Association, and past vice-president, Royal Caledonian Curling Club of Scotland.

As a citizen Dr. Anderson has always carried his load and more. He has been a member of the Robertson Church, Edmonton, almost since that church was opened and for many years he served on the Board of Stewards.

In conclusion may one suggest, Sir, that Dr. Anderson's life and character closely conform to Kipling's specifications of a man in his immortal "If". His courage in bereavement and adversity and his modesty in achievement are characteristic of the man. In offering him this citation tonight we humbly realize that no poor citation which we might frame adequately expresses his contributions to society. Those contributions will live as a monument to the man whom we honour in the lives of generations yet unborn.

Alberta Delegates Discuss Important Topics at Convention

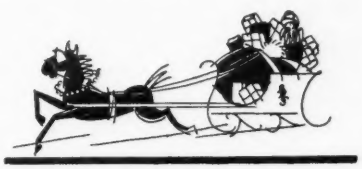
ANOTHER record convention was chalked up for the Associated Hospitals of Alberta when this association held its meeting in Calgary last month. Mr. Murray Ross of Edmonton presided over the busy three days of general and sectional meetings, ably assisted by A. A. Dunkley, Dr. Angus C. McGugan, Mrs. E. Cranstoun, Cecil O. Savage, Frank Swain, Dr. J. D. Heaslip, and Leonard Wilson.

The most controversial point related to the Minister of Health's previous announcement that federal and provincial construction grants would not be available unless hospitals make provision for the hospitalization of ratepayers and their dependents for a daily ward charge not exceeding $1.00 per diem, exclusive of special charges. This move is very unpopular among urban, municipal, and voluntary hospitals (see page 36).

A timely address was that of Dr. D. R. Easton of Edmonton outlining the possible role of the hospital should another war eventuate. He recommended a disaster-planning committee for each city with an over-all governing board endowed with unprecedented authority for emergency action. The likelihood of atomic warfare increases the necessity for radical planning and the difficulty of planning for an attack is heightened by the fact that Canada has not been attacked in recent wars.

Because of rising costs, increases in the ward rates are being recommended. Representatives of the five classes of hospitals (classified by the extent of facilities provided) met separately to work out their own rates. Class "A" hospitals (Calgary and Edmonton) favoured an increase of $1.00 per diem to ward patients, and $1.50 per diem for private and semi-private beds. Class "B" hospitals (Drumheller, Lethbridge, Medicine Hat, Red Deer), now at $4.35, recommend no change, nor do Class "C" hospitals (Banff, High River, Innisfail, et cetera), now at $4.25. Class "D" hospitals (Lacombe, Olds, Camrose, et cetera), now at $4.00. recommend $5.00; and Class "E" hospitals (Bentley, Cereal, Consort, Coronation, et cetera) from $3.75 to $4.50.

Both Mr. E. E. Maxwell and Miss E. Bell Rogers, Reg.N., in their addresses expressed the opinion that the spread between the salaries of general duty nurses and of matrons was not commensurate with the extensive responsibilities of the administrator. Many questions of particular interest to the rural hospitals under the Municipal Hospitals Act were discussed at length, a feature of Alberta meetings. Dr. McGugan, as Blue Cross chairman, reviewed the progress being made by the new Blue Cross Plan under the co-direction of Mr. Joseph A. Monaghan and Mr. Harold F. Stacey.



Miss Edythe Markstad, Reg.N., of Edmonton, outlined a desirable health service for hospital employees and Mr. Nelles Buchanan of the same city, association solicitor, indicated the necessity of clarifying "sudden and urgent necessity" and other details of hospital legislation. Dr. A. Somerville, chairman of the Survey Committee, outlined the scope of the studies now under way; Mr. Robert Dickey spoke on the work of the Alberta Tuberculosis Association; Dr. John D. Duffin and Dr. S. A. Greenhill, on the Red Cross blood transfusion service; and Commissioner Tomlinson on the work of the Junior Red Cross Crippled Children's Hospital. Dr. Malcolm G. McCallum discussed the grouping of hospitals for purposes of payment and possible revisions.

Rev. Hector Bertrand spoke on "The Community and the Hospital"; Sister Stella M. Dube of Vilna, on "The Community and the Nurse"; Mrs. Eric Cranstoun of Lethbridge on the work of women's auxiliaries; Hon. Dr. W. W. Cross on the application of the federal health grants in Alberta; Mr. John McGilp of Edmonton on uniform hospital accounting: and Mr. James Barnes and Mr. Gordon Cushing of Calgary on hospital-employee relationship. Dr. Harvey Agnew spoke on the duties and responsibilities of trustees, on the work of the Canadian Hospital Council, and gave an illustrated address at the annual banquet. At this dinner which was attended by some 300 people, Dr. A. C. McGugan presented an illuminated scroll to Dr. A. F. Anderson for his 25 years of service to the association.

Officers Elected

Honorary President: **Hon. Dr. W. W. Cross, Minister of Health**

President: **Angus C. McGugan, M.D., Edmonton**

Vice-president: **Cecil O. Savage, Raven**

Directors: **James M. Morrison, Red Deer; Frank Swain, High River; S. E. Edwards, Bassano**

Elected Blue Cross Trustees: **Leonard Wilson, Drumheller; Edgar Dutton, Lethbridge; and Rev. Wm. Holland, Canmore;**

Mr. James Barnes, Calgary, was named chairman of the Economics Committee.

Coercion in Alberta Criticized

THE hottest subject on the convention program at the Alberta meeting in November was that of provincial restrictions on the federal grants for hospital construction. To say that many of the delegates from urban hospitals were warmed up is to put it mildly. The provincial Minister of Health, Dr. W. W. Cross, has announced that he will not approve any requests for construction grants unless arrangements are made whereby the hospital provides hospitalization on a basis similar to the provincial municipalization scheme in which the main support comes from local municipal taxation and ratepapers are charged not over $1 per diem for general ward care. The Calgary General Hospital's request for some $800,000 of federal and provincial construction grants will be approved only under that stipulation.

This municipalization plan is one which is very close to the heart of Dr. Cross. Hitherto it has been essentially a rural arrangement, but now the Minister sees an opportunity to extend it to the entire province. In rural municipalities where some 80 per cent of the population are ratepayers, or their families, this method of spreading the cost of operating the local hospital over the entire municipality has worked out very well indeed. The $1 per diem was put on as a deterrent to unnecessary hospitalization. Under this plan there are now some 46 rural municipal hospitals (with three under construction) and seven Roman Catholic hospitals, the latter supported by local taxation. The urban municipal and voluntary hospitals have not come under the Municipal Hospitals Act—as yet.

Urban hospitals—municipal, Roman Catholic or other voluntary—do not want to come under this plan and say so most emphatically. In cities a higher percentage of the population is non-rate-paying (only 40 per cent are ratepayers in Edmonton) and, it is pointed out, to load the major share of the cost of operation on to the home owners is grossly unfair. True, non-ratepayers can voluntarily purchase "tickets" permitting them to share in the plan, but there is grave doubt that many, except those anticipating hospital need, would do so as individuals. It is contended that in the cities there are various industrial and other plans, notably the Blue Cross plan, which could spread the cost more equitably and provide a better answer. Several of the delegates were of the opinion that it would be cheaper for the communities to forego any governmental assistance than to be saddled with this tax burden.

Recognizing that the $1 per diem municipal taxation scheme has some excellent points, those who do not favour its extension to city hospitals point out that it draws a sharp line between ratepayers and non-ratepayers; in the case of voluntary hospitals it jeopardizes voluntary contributions and their ability to raise funds for expansion; it has been effective only in the local hospital and provides no coverage in hospitals elsewhere as is given by Blue Cross; in actual practice the charges are much above the $1 per diem for the practice has grown up of charging also for most extras; because of these extras, the charges to patients are still far from uniform.

Moreover hospitals cannot "municipalize" of their own accord; only the communities themselves can take this action. If the community does not vote to add these costs to the tax rate, the demand of the minister will make it quite impossible for the voluntary hospitals in these communities to avail themselves of the construction grants.

The Minister's contention is that costs are too high for many people and that hospitalization should be on the same basis as education. Those who have means should pay for those who cannot pay their way. He states that his municipal hospital scheme is the fairest and most equitable hospital system in Canada and wants it extended. Later, reciprocity throughout the province can be considered.

The convention approved without adverse vote the action of its executive in sending to the provincial Minister a strong protest against this effort to force urban, municipal and voluntary hospitals to come under this plan. This brief pointed out that, because of higher costs, hospitals under the plan are compelled to charge for extras and, in the case of hospitals located in Calgary and Edmonton, the ratepayer would still be required to pay, not $1 per diem, but approximately $5 per diem despite a greatly increased tax rate. It is contended by the Association that "any plan to make hospital services available to all the people of the province and to equitably distribute the cost thereof, must take cognizance of the following:

(1) It should be province-wide in scope covering all areas and all residents and must, therefore, be compulsory.

(2) It should be uniform in its operation throughout the province and should allow, to a very large degree, for the free choice of physician and hospital.

(3) If a portion of the financial support is to come from property taxation the extent of such support should take into account the ratio of ratepayer to non-ratepayer and should be supplemented by a compulsory contributory plan.

(4) It should remove the "indigent" problem by making adequate provision for the payment of hospital accounts incurred by indigent and semi-indigent residents.

(5) In respect of existing provincial hospitalization plans, (covering per diem grants, care of maternity cases and pensioners) it is suggested that, since these now form an integral part of hospital financing, no change in their general application should be made until an equitable substitute, satisfactory to the hospitals, is instituted."

The Association, furthermore, takes the stand that the construction grants should be made freely available in order to alleviate the acute shortage of hospital beds and that the decision as to the ultimate scheme for providing hospital care for all residents of the province should be left until the Survey Committee shall have brought in its recommendations.

Delegates from the rural municipal hospitals took little part in the discussions but representatives from the larger communities concerned were very definite. One did not hesitate to call this the "Big Stick" of dictatorship and another noted that the province's own general hospital, the University of Alberta Hospital, was approved for construction grants without any such restriction. The

(Concluded on page 74)

Hospital Ethics

Harvey Agnew, M.D.

ETHICS has been defined as "the science of human conduct"—also as a "constructive basis for human relationship". One writer has aptly referred to a code of ethics as "the crystallization of the principles underlying civilization". Certainly with the increasing complexity of present day life it is vital not only for professional and other groups but for the nations themselves to evolve codes of ethics. The great task of the United Nations Organization is to develop international standards for the world.

For nearly 2,400 years the timeless oath of Hippocrates has been the guiding star of the medical profession. Many of its phrases now seem archaic, as when budding surgeons solemnly promise "not (to) cut persons laboring under the stone", but, as in Biblical phraseology, we must allow for the passing of the centuries.

The beautiful prayer of Maimonides written in the 12th century is one of the greatest writings of all time. Note this paragraph:

"In all things let me be content, in all but the great science of my calling. Let the thought never arise that I have attained to enough knowledge, but vouchsafe to me ever the strength, the leisure and the eagerness to add to what I know. For Art is great, and the mind of man ever growing."

The Code of the Canadian Medical Association has been revised from time to time to meet changing conditions. Couched in general terms it lays down basic principles that have stood the test of time. Coupled with the more specific tenets of the American College of Surgeons respecting hospital practice, it is a sound professional guide. Other groups in the hospital field have ethical standards, e.g. the nurses, the dietitians, laboratory technicians, pharmacists, and physiotherapists. Some have been clearly defined; others are in the nebulous stage of formation.

It was not until about twenty years ago that the need of some code for *hospitals* was voiced. Then, in 1933, Dr. Malcolm MacEachern began to write on the subject and it is largely to his guidance and to his ability to separate principles and to formulate policies that we owe our present Code.

We can thank the American College of Hospital Administrators for taking action in 1938 when it set up a committee to draft a code for administrators. This committee quickly found that its task led it into the field of others in the hospital family, including the trustees. Accordingly, this very soon became a Joint Committee of the American College of Hospital Administrators and the American Hospital Association. By 1941 the Code was completed and adopted by the two Associations. Shortly afterwards it was adopted by the Canadian Hospital Council. (Bulletin No. 42).

General Principles

This Code is a combination of professional ethics for all professions in the hospital family and of business ethics. It is not my intention to review these clauses in detail. They can best be studied by direct reference to the Code. They do cover the ethical factors in the various relationships of the hospital. Ethical problems arise in the clinical work of the hospital, in the field of nursing, in hospital purchasing and other financial situations, in public relations and in the relations of hospitals to each other.

The Code emphasizes that the hospital must have the highest objectives in caring for the sick, in advancing scientific knowledge, in furthering education and in the promotion of public health. And every member of the hospital staff from the governing body to the last employee has a definite and personal responsibility to further the objectives of the hospital.

The section on the selection of a *medical staff* (Section 3) sets high standards indeed. To quote from the first paragraph:

"Desire to obtain or retain patronage should never lead the governing board to accept other than a rigid standard of competence and procedure on the part of the physicians permitted to work in the hospital."

Under the heading of "Publicity" (No. 7) we have the broad rules that should govern public relations. The latter portion seems particularly important:

"Information relative to the activities of a hospital should not be designed to secure comparative advantage over other hospitals or personal aggrandizement of any individual.

"At all times there must be strict adherence to the truth, unadulterated either by exaggeration or by incomplete and misleading statements."

The relationship of hospitals to each other receives attention, and deservedly so (Section 9). Fortunately, and thanks in no small measure to the work of our associations, the prevailing relationship is one of definite co-operation.

"Co-operation among hospitals and an absolute adherence to the highest standards of conduct are among the most effective means of promoting public confidence. Criticism of other hospitals is to be carefully avoided. When possible, efforts should be directed not to duplicate unnecessarily the facilities of competing institutions with resultant increased overhead in relationship to service given, but to endeavour to develop the facilities in each hospital so that the health needs of the community will be met to the fullest extent and with the minimum of duplication."

Under the heading of "Con-

An address at the convention of the Quebec and Montreal Conferences of the Catholic Hospital Association, Quebec City, August, 1948.

tracts" (Section 10), this paragraph is worthy of note:

"Hospitals should refrain from participating in contracts with companies, organizations, municipalities, government or other bodies at rates which are obviously unfair to other hospitals in the community."

After dealing with the fact that *all* members of the staff and personnel have a responsibility towards the patient and the visitors (Section 12), the Code stresses one point which is often overlooked (Section 13):

"The onus of secrecy which professional codes of ethics have placed upon the physician and the nurse applies in like manner to every member of the hospital personnel. Under no circumstances may any information of a personal nature gained within the hospital be divulged to other than those authorized to receive such information in the course of their duty."

One would hope that the section on "Commissions" (Section 14) would not have much application, but it is there "just in case":

"Without the approval of the governing body no hospital employee or any person connected with a hospital shall receive compensation or reward from any individual or agency because of the hospital position occupied which has not been earned as salary or wages in the course of hospital duty."

The Administrator's Code

The third portion relates particularly to the administrator. Under the broad heading of relationships, we find much wisdom. Some points are so obvious that their recording would seem unnecessary were it not that, now and then, the administrator would seem to forget them. For instance:

"Particularly will the administrator observe respect for professional secrecy and confidence in dealing with the sick." (Section 19). And again:

"His attitude toward the trustees should be respectful at all times, refraining from partiality, from familiarity and from any violation of their confidence." (Section 20).

As for relations to the medical staff (Section 21):

"The administrator should endeavour to have medical problems adjusted by the medical staff or its committees. If necessity arise, however, the administrator, as the representative of the board of trustees, must act with decision and with firmness consistent with the welfare of the patients and the continued good reputatioon of the hospital."

Recognizing the importance of satisfactory personnel relations (Section 22) the administrator

". . . . should extend the consideration which is the right of all conscientious and loyal workers. At all times he should be impartial, tolerant and fair in his relationships."

The latter portion of the section on "relationships" to the "general public" may well be borne in mind (Section 24):

"In presenting addresses, in submitting data to the press and in radio broadcasting on hospital subjects, the ethical administrator will bear in mind that the purpose of the publicity should be the welfare and advancement of hospitalization and not his personal aggrandizement.

"The administrator must realize that no action of his, whether while on duty or off, can be entirely divorced from the reputation of the institution with which he is connected."

Now and then the relationship of administrators to vendors comes up. When is it unethical for the superintendent to accept a Christmas present from a supply house? How far can one go in giving testimonials for products? It is stated in Section 25:

"The administrator should bear in mind constantly that, in his relationships with the representatives of supply houses or commercial organizations, his hospital is almost inevitably concerned. Therefore, his relationships should be courteous at all times and of such a nature that under no circumstances will the hospital be involved or obligated in any way. Particularly important is it that the administrator refrain from becoming under personal obligation to a firm or its representative, as would be the case by the acceptance of personal gifts or unusual social favours. Personal commissions or rebates should never be accepted. The administrator should not give a testimonial for public use and should not authorize or otherwise permit the public use of his name or photograph in the endorsement of commercial services, equipment, materials, drugs or other supplies.

"Gifts or donations should not be solicited from business houses on the basis of making a return for business granted.

"Unless required by law to do so, the administrator and his staff should not disclose the prices to a competitor of a firm submitting prices. Orders placed in good faith should not be cancelled or the goods returned without legitimate reason.

"Requests for special extension of credits or time payments should be definitely arranged before any merchandise is ordered."

It should be stated that the Joint Committee on Ethics found it difficult to differentiate between principles of ethics and principles in administration. In trying to cover the various practical applications of ethical principles it was difficult not to get too far into administrative detail. The American Hospital Association is now endeavouring to effect a still more concise wording.

The Roman Catholic Code

It would be presumptuous for me to assume any right to speak on the special principles of ethics followed in Catholic hospitals and by Catholic physicians. Nevertheless, I would be merely touching the fringe of the subject if I did not make some reference to these all-important Catholic principles.

His Excellency, the Most Reverend James A. Griffin, stated at the 1940 Convention, "The Catholic Hospital has a special mission and a sacred trust. It has a definite philosophy . . . . we must ever keep in mind the motto *Ad Majorem Dei Gloriam.*"* And Reverend Alphonse M. Schwitalla, who has done so much for the Catholic hospitals of these two countries, has said, "The religious objectives of the Catholic

(Concluded on page 66)

**Sermon Pontifical Mass, June 17, 1940. "Hospital Progress", June, 1940.*

Give More Attention to Your LAUNDRY

Arthur B. Christopher,
President, American Institute of Laundering, Vancouver.

AMONG a hospital's many obligations to the patient is the supplying of clean, freshly-laundered linen. In fact, clean linen is most essential not only from the viewpoint of health and cleanliness but is also important in maintaining proper morale which, in itself, may retard or speed up patient recovery.

There is little difference between the operation of a commercial power laundry and a hospital laundry. In general, the same types of machinery and supplies are used and operating problems are similar. The main objective of both operations is *to turn out the highest quality work at the lowest possible operating cost.* I shall cover in this discussion four specific problems: investment in linen and machinery; processing hospital laundry; sanitation; and manpower.

What About the Investment in Linen and Machinery?

It is generally concluded that the average general hospital will produce an average of approximately 10 to 12 pounds of soiled linen per patient per diem. This amounts to about 20 to 24 pieces per patient per diem, as average hospital linen runs about two pieces to the pound. This figure includes all soiled linen, not only from the patients' beds, but also nurses' laundry, kitchen and dining-room linen—in fact, everything that normally goes to the laundry.

By using Dr. Malcolm T. MacEachern's book on *Hospital Organization and Management* as a guide in determining the articles making up the average requirement of individual pieces of linen per patient per day and then doing some rapid calculating, we find that, at to-day's market price, a 100-bed hospital has an investment of at least $13,000 to $16,000 in linen. In addition, half of that linen must be replaced each year at a cost of approximately $6,500 to $8,000.*

One recognizes that this investment is rather small as compared to the total assets (at to-day's cost) of an average 100-bed hospital, of up to $1,000,000 or more. However, it is interesting to note that very few individual assets in use by a hospital will amount to $13,000 or $16,000. This includes the most delicate x-ray machine which is given such loving care, and the operation of which is entrusted to only the most highly-skilled technicians. Certainly it is not likely that the depreciation and maintenance of this x-ray machine will compare with the replacement cost of your hospital linen. Thus it means dollars to you to obtain the best possible service from your linen.

Is it not wise, then, to give at least as much attention to linen as to the x-ray machine or other assets that cost no more?

The average 100-bed hospital laundry requires approximately seven to ten major machinery units for efficient operation. This includes washers, an extractor, flatwork ironer, drying tumbler, uniform presses, and additional miscellaneous equipment. Such machinery adds up to quite a sizeable sum—in fact approximately $30,000 to $35,000 (exclusive of building). In addition, to operate such a laundry will cost approximately $20,000 to $25,000 per year, and may even run more if the laundry is not operated efficiently.

Again let us compare the amount invested in this unit with other hospital units, and see if we are devoting the necessary time to the laundry operation that such an investment requires. In fact, how much would it mean to many of you if additional funds of hundreds or even thousands of dollars each year could be made available for other urgent demands by merely reducing the operating costs of your laundry? Perhaps some vitally needed equipment for the operating room could be purchased from such savings. I assure you that such an achievement is possible in all too many cases. The following four items might well be given careful thought:

1. Inventory and value of your linen;
2. Average life of such linen;
3. Capital investment in laundry equipment;
4. Operating cost of your laundry

Processing Soiled Linen

On the assumption that the average general hospital will produce approximately 10 to 12 pounds. or about 20 to 24 pieces of soiled linen per patient per diem, the average 100-bed general hospital operating at 80 per cent occupancy will require approximately 6,720 pounds or 13,440 pieces of clean linen per week. Providing the laundry operates on a 40-hour weekly schedule, this means that the laundry must process about 168 pounds or 336 pieces each hour it is operating.

To do this job, a minimum of twelve to fifteen employees is required at a cost ranging from $250 to $300 per week. Of course, this labour cost may vary depending on the labour market and other factors but, regardless of conditions, it still represents a sizeable sum.

Of course, if laundering were as easy and simple as some of our well-known automatic home washer manufacturers would lead us to believe, all of our laundry processing problems would be negligible—but unfortunately this is not the case. However, our experience has shown that all too many hospital administrators have the same conception about laundering as the home washer manufacturers indicate.

It is not uncommon for a hospital to have the laundry located in the most disadvantageous location possible. In all too many cases we have found the hospital laundry literally thrown into a basement space totally inadequate for the amount of machinery used. Long hauls are required

An address at the Western Canada Institute for Hospital Administrators and Trustees, Vancouver, in October.

**This replacement figure was questioned by some.*

to bring the soiled linen from the elevator to the laundry and to return the clean linen to the linen room or other convenient points of distribution. Proper lighting and ventilation is given little consideration, thereby contributing to high employee turnover, and inefficient work. The machinery is antiquated and operating at only a small percentage of required capacity. Then, too, many hospital boilers are not built to carry a steam pressure of 100 pounds required by the laundry for efficient operation.

Under such conditions the problem of laundering soiled linen is increased; certainly employee morale cannot be at its best, nor can the laundry be expected to contribute a great deal to patient recovery.

What About Sanitation?

In 1938 the department of health of the State University of Iowa authorized a procedure whereby the isolation ward of the hospital would forward all washable articles to the university laundry without any preliminary disinfection whatsoever. This was to be true whether these articles had been contaminated by cases of typhoid, scarlet fever, smallpox, or of any other disease which happened to be cared for in the ward. The results during the ensuing years have been highly satisfactory, and the procedure is now on a permanent basis.

Dr. M. E. Barnes who supervised this procedure reported the results in his article "A Public Health Role for the Laundry" published in the *American Journal of Public Health*, Volume 35, No. 12, December, 1945. Dr. Barnes had this to say:

"The laundering processes which are capable of destroying microbe life include the following, as used in one or other of the standard procedures recommended by the American Institute of Laundering:

1. **Exposure to hot water;**
2. **Chlorination;**
3. **Sudden and extreme changes of Ph;**
4. **Exposure to high air temperatures;**
5. **Exposure to high moist or dry heat during ironing."**

These same American Institute of Laundering procedures to which Dr. Barnes refers are standard and are used by most commercial laundries as well as hospital laundries. Many other unbiased tests from time to time have proved that procedures used by power laundries ensure sanitary results. Thus you can feel reasonably confident that your hospital linens, after laundering, will not transmit diseases. That, indeed, is a real contribution by the laundry industry to public health and cleanliness. I wish the same could be said for home laundering methods.

Manpower

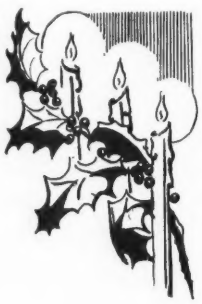
The successful operation of a hospital laundry is largely dependent upon the quality of its manpower, particularly the laundry manager. However, in spite of the importance of this factor it has been our experience that hospital administrators as a general rule do not recognize this fact. All too often hospital laundry managers have neither the education nor the experience to do the work.

I have known of many cases where administrators have literally picked men off the street to operate their laundries. In spite of the fact that so much depends upon the successful operation of the laundry and thousands of dollars worth of expensive equipment is entrusted to the manager's care, little thought would seem to be given to his qualifications. How many of you have ever stopped to consider even the minimum requirements necessary to supervise the operation of a laundry?

At its headquarters in Joliet, Ill., the American Institute of Laundering operates a school for laundry managers. Registrants must be at least 22 years of age, high school graduates, have at least two years experience in laundry work, and be able to pass personnel tests.

During the 30-week course the student studies accounting, chemistry, certain phases of industrial, electrical and power plant engineering, business law, personnel relations, and other allied subjects. He must not only spend time in the classrooms but likewise gain practical experience in the Institute's student laundry. However, even after this extensive training these men and women usually must wait several years before they are qualified to manage a laundry.

(Concluded on page 74)



Christmas

May this illustrious day of days
Ring out to Him with songs of praise,
Who gave this precious gift of light
In Bethlehem stall, one silent night.

May Christmas happy, holy be
To peoples of all lands and climes,
When earth commemorates a sacred time—
A priceless gift—to all mankind.

May Peace, Good-will and Charity
Hang on every Christmas tree,
And frankincense and fragrance rare
Distill a blessing everywhere.

To God may glory, praise and thanks be given,
For this glad time—and hope in Heaven.

—Margaret Rhynas

Hospital Experience in Saskatchewan

Excerpted from a statistical analysis by G. E. Wride, M.D., D.P.H., director, Hospital Planning and Administration, based mainly on 1947 returns.

AS of the first of September, 1948, there were 74 union hospital districts in operation in this province. Six additional areas were proceeding to a vote. As at the end of December, 1947, there were 163 general hospitals and nursing units in Saskatchewan. All of these institutions had a total of 4,896 adult beds and children's cribs, excluding bassinets. The total rated bed capacity was 4,229. (Using minimum standards of space per bed.)

Of 163 hospitals and nursing units at the end of 1947, there were 123 public non-profit institutions and 40 private or proprietary institutions. The private institutions in all had only 2.9 per cent of the total rated bed capacity of the province.

The public, non-profit institutions had 96.7 per cent of the total rated bed capacity of all institutions and 96.3 per cent of all beds set up. Municipal and union hospitals and nursing units had 57.5 per cent of total rated capacity, Roman Catholic 31.2 per cent, Community and Lay Corporation institutions 7.3 per cent, and United Church and Salvation Army institutions 0.7 per cent of total rated capacity. All nine hospitals of 100 or more beds were either municipally owned or Roman Catholic institutions. The five municipal hospitals in this group had 1,300 beds on the basis of rated capacity, while the four Roman Catholic hospitals had 778 beds. Of the 78 public hospitals of from 10 to 99 beds, 52 were union or municipal hospitals with a total of 1,069 beds on the basis of rated capacity, 14 were Roman Catholic hospitals with a total of 538 beds, and 12 were community and lay corporation hospitals with a total of 173 beds.

The average size of all the hospitals and nursing homes by rated capacity was 25.9 beds. The average size of all hospitals of 10 or more beds was 43.6 beds.

The full analysis was presented to the Saskatchewan Hospital Association, October, 1948.

There is a wide field for improvement in the development of certain characteristics of hospital and nursing home plants. Aside from the serious deficiencies in institutions of less than 10 beds, it was noted that of all hospitals of 10 or more beds, 46 per cent were not fire resistant, 16 per cent lacked hot water or steamheating, 10 per cent lacked a water supply under pressure, and 11 per cent lacked an adequate sewage disposal system. Further, 10 per cent lacked x-ray facilities and 25 per cent lacked laboratory facilities.

Only one hospital in 1947 provided space for public health offices within the hospital building. Nineteen had office space for physicians. Thirty-nine per cent of the hospitals of 10 or more beds lacked a separate nurses' residence.

There was an average of 1.2 personnel of all kinds per patient based on the average daily census serving on the staffs of hospitals and nursing homes at the end of 1947. The lowest ratio was 0.9 in the 25 to 49 bed size, while the highest was 1.5 in the hospitals of 200 to 499 beds. The group of institutions of less than 10 beds had 1.1 personnel per patient, based on the average daily census.

There were only 17 dietitians with at least household science training located in 11 hospitals. There were only 7 physiotherapists, 6 pharmacists, and 17 record librarians of varying qualifications.

The total number of patients hospitalized in general hospitals and nursing homes in 1947 was 130,700, exclusive of newborns. These included only new admissions, but not those in the hospital at the beginning of the calendar year. The total number of patient days for adults and children excluding newborns was 1,384,667. The average length of stay within the year was 10.6 days.

(In the previous year, 1946, there were 118,587 patients excluding newborns, receiving 1,187,951 days of care, and an average length of stay of 10.0 days. The reported average length of stay for several preceding years had been 9.9 days for 1945, 9.9 days for 1944, 10.1 days for 1943, 10.2 days for 1942, and 10.4 days for 1941.)

In 1947, hospitals of 10 or more beds with 91.8 per cent of the total bed capacity of the province provided a total of 1,298,280 days of care, or 94.5 per cent of all care. The 74 institutions of less than 10 beds thus provided only 5.5 per cent of the total volume of hospital care in 1947.

The general hospitals and nursing homes furnished 1.64 days of care per person in the entire population. This does not include general care provided in Dominion government institutions for groups such as veterans, military personnel, and Indians.

The average percentage of occupancy based on rated capacity was 90.3 and on complement, 77.9. In 1946 the average percentage of occupancy was 82.1 based on rated capacity and 67.6 based on beds set up.

Basing the percentage of occupancy on rated capacity, there was 100.2 per cent occupancy in the 25 to 49 bed group with 84.7 per cent on the beds set up. Private institutions of less than 10 beds had an occupancy of 30.7 per cent based on rated capacity.

Of the major and minor operations, 3.7 per cent and 3.6 per cent, respectively, occurred in institutions of under 10 beds.

The number of live births reported by all hospitals and nursing homes was 21,271, of which 2,052 were reported from public under 10 beds and 692 by private under 10 beds. The number of stillbirths reported was 355.

In 1947, there were 15 maternal deaths reported by all institutions with a rate of .7 maternal deaths per 1.000 live births. In 1946, there were 23 maternal deaths with a rate of 1.3 deaths per 1,000 live births.

The total number of deaths in hospitals in 1947 was 3,376 with 3,204 deaths occurring in hospitals of 10 or more beds.

Nursing for the Future

A Long Look Ahead by a Trained Observer of Trends

A RICH compilation of the leading views on nursing services and nurse education has been made available by the publication of Dr. Lucile Brown's report to the National Nursing Council. This Council, the creation of some fourteen national organizations (concerned with nursing) in the United States, undertook among other activities "an examination of the question of who should organize, administer and finance *professional* schools of nursing", and this volume constitutes the report of the director of that study. Some fifty schools of nursing in various parts of the country were visited and strong committees of professional and lay advisers were appointed.

Dr. Brown makes many observations that confirm statements ventured by others. "In spite of all attempts, there is little real hope that an adequate supply of graduate nurses can ever be obtained if demand remains insistent". And again, "The nursing service is caught between the authority exercised by the medical administration, on the one hand, and the hospital administration, on the other; unfortunately, the nursing service also tends to be highly authoritarian". She does not approve of many of the schools: "By no conceivable stretch of imagination can the education provided in the vast majority of the some 1250 schools be conceived of as professional education. In spite of improvements that have been made in most schools over the years, it remains apprenticeship training."

The writer believes that nurses are not trying to get away from bedside nursing, "but they want an opportunity to give nursing care as they believe it should be given". Personnel is now so inadequate and routine is so organized that there is little time to give the patient "individualized comfort". She would like nurses to have more time to sit down with their patients.

In outlining the future role of the *professional* nurse, Dr. Brown would limit the term to graduates of schools with quite high standards of education. Although her phrasing is guarded, she does imply (page 77) that "the possession of a degree is fast becoming a criterion of a person's having received professional as contrasted with vocational training". Nursing would be divided on functional levels. She recognizes the value of nursing assistants and practical nurses and, at the other end of the scale of duties, the necessity of having professional nurses for complex clinical practice and the nursing specialties. She cannot be sure until further studies of an objective nature are made "whether continuing arrangements for the preparation of graduate bedside nurses will be requisite or not". That is an interesting statement.

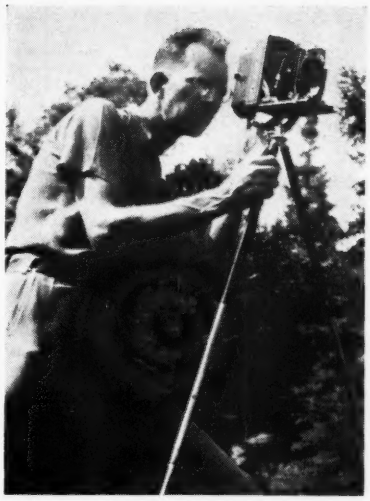
We gain the impression that Dr. Brown is not very partial to many of the hospital schools of nursing, although she states that hospital schools as a whole should be continued "for an interim period until adequate other facilities have been established". An undetermined number of weak schools—running certainly into several hundreds—should be closed. "Large schools of nursing tend to operate far better educational programs than do small schools." Figures are quoted confirming this statement. Favourable mention is made of the two-year course at Windsor, Ontario, and of experiments in the United States to shorten the course by having the students devote their time to studies rather than serving at length on wards. The author notes with interest the development of central schools and the junior college. Many valuable recommendations respecting further studies and developments along these lines are made.

The better hospital schools apparently have two choices before them: "before long either they will have to drop into the ranks of semi-professional schools, or they will have to become integral parts of universities whose avowed goal is professional education". Dr. Brown believes their future belongs with the university. She would close schools in mental institutions and in children's hospitals and make their clinical facilities more widely available for affiliates. Incidentally, she is very keen that nurses be taught more psychology and more of the psychosomatic basis of disease, so that they can be of more assistance in caring for patients. Universities should establish faculties of nursing comparable to other professional schools. Some 70 collegiate schools are needed with a student body of 20,000. (This would still require a large number of hospital schools.)

A book with so many unequivocal statements will meet with a varied reception. We heard it most enthusiastically acclaimed by nurse leaders at Atlantic City; but we suspect it will receive less support by those in the hospital field who may have other views about the desirability of more general university training for nurses. After two careful readings of this book—and we consider it unusually valuable from many viewpoints—we cannot help but feel that Dr. Brown has approached her task from the standpoint of higher education rather than from that of the ordinary patient. That, of course, is an observation commonly made of reference material on this subject. We fail to find here the help we seek in developing ways and means of meeting *the needs of the average patient in the average hospital, or in the average home.* Reference is made to the trained practical nurse as a permanent development but there is a suggestion that above the practical nurse, *all* "professional" nurses ultimately should be on the higher level of training outlined. That is a tremendous gap to bridge. It may be possible to do so but we think that the bridging may be accomplished, under those circumstances, not so

(Concluded on page 74)

"Nursing for the Future". A report prepared for the National Nursing Council by Esther Lucile Brown, Ph.D., Director, Department of Studies in the Professions, Russell Sage Foundation. Pp. 198. $2.00. Russell Sage Foundation, New York. 1948.



The photographer at work.

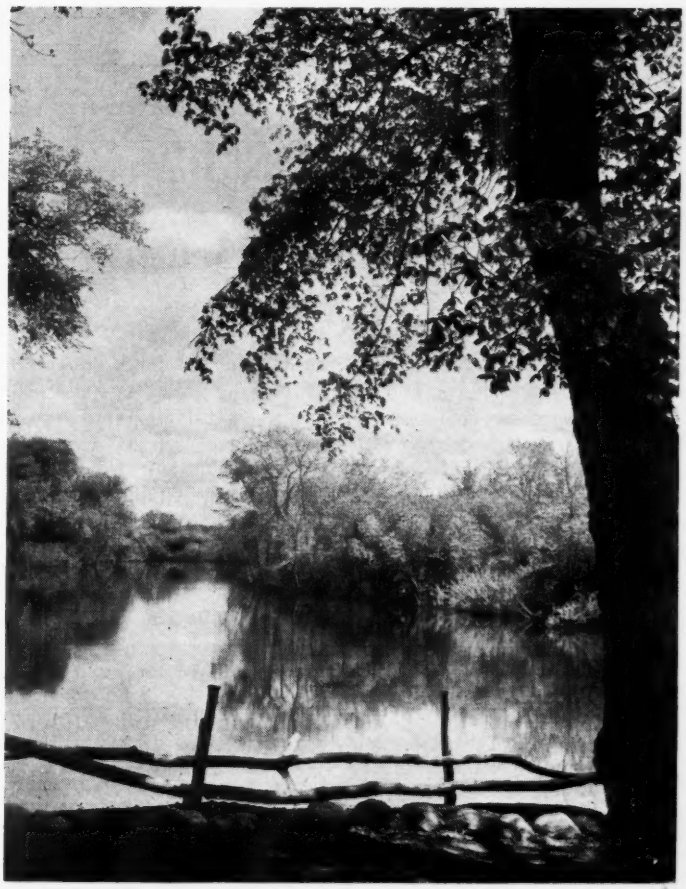
The Hobby Corner

7. Mr. Harry Wood

MR. Wood, who is the bacteriologist at Regina General Hospital, Regina, Sask., is also a photographer of some distinction, as may be noted from the picture reproduced here. The small cut above shows this camera addict in action. His interest in the subject extends over a period of twenty-five years—since the day his parents gave him a camera with a few more gadgets on it than the usual box Brownie.

Some fifteen years ago, when a camera club was started in Regina, Mr. Wood became a member and since the first year he has been on its executive, holding at some time every office including that of president. The subjects of his pictures range in wide variety from caterpillars and still life to portraits, landscapes and medical compositions. He says that trying to get a picture of a cleft palate, with a view camera on a tripod, two lights on stands, and the patient in bed, is really fun!

When asked concerning his preference in cameras, he indicated that he favoured a view type with ground glass focussing. For the most part he uses a Recomar 33. However, for colour work he likes a 35 mm. camera with rangefinder, as it has the double advantage of being more economical to operate and having slides which can be projected onto a screen. By means of such slides the ardent photographer can share with his friends the pleasure he experiences as he seeks for, takes, and finishes his pictures. They are also suitable for exhibition at salons.



"Peace"

Photograph taken at Estevan, Sask.

Mr. Wood's pictures have been hung in various shows throughout Western Canada and have won for him recognition in many club competitions. He was awarded a $50.00 prize in a competition sponsored by a local art group and judged by professional photographers.

To anyone interested in this hobby, Mr. Wood passes on the advice that much progress can be made by joining a local camera club and sharing in its activities. One will find that active members are always willing to explain and demonstrate the fine points of photography to a beginner.

Nearly 1,200 Delegates at

O.H.A. Annual Meeting

STIMULATING addresses, enthusiastic discussions, and a record attendance of nearly 1,200 registrants, marked the 24th annual convention of the Ontario Hospital Association held at the Royal York Hotel, Toronto, November 1st, 2nd, and 3rd. The general sessions were crowded with representatives from every phase of hospital work. The section meetings, too, were filled to capacity and the keen interest of the participants was displayed by numerous questions from the floor and much discussion.

Monday morning was given over to registration and, at the luncheon, delegates heard the Hon. Paul J. Martin, Minister of National Health and Welfare, describe the federal hospital construction grant program and its application in the various fields.

Monday afternoon Miss Priscilla Campbell presided over a general session in which care of the chronically ill was the theme. Miss Edna Nicholson, Director of the Institute of Medicine of Chicago, summed up the ways in which the hospital can serve the community, pointing out that the first step toward better utilization of hospital beds is a study of the existing facilities and community needs. She emphasized that in the problem of care for the chronically ill there must be joint planning and constructive action, with hospitals taking the lead, in order to alleviate the situation. Other speakers gave suggestions as to what could be done in the small community and in the large community, and the work of the Society for Crippled Civilians was outlined.

Mr. C. J. Telfer, Inspector of Hospitals for Ontario, stated that in the past year 380 beds have been added for the care of the chronically ill and that there are five chronic hospital units now under construction which will provide over 200 additional beds.

Section Meetings

Tuesday morning, in the nurse administrators' section, the hospital as a community service formed the basis for addresses by those in the various hospital departments. These included dietary, personnel, medical records, administration, nursing, medical, and also public health nursing. The value of staff conferences, co-operation of all departments in the keeping of accurate medical records, the education of nurses in various fields such as preventive measures and mental hygiene, and the place of the hospital health nurse, were topics of interest to all present. This meeting was followed by a luncheon at which Mrs. Jan Chamberlain, Associate Teacher, Van Hesse Studio, New York, was guest speaker, and in an excellent address brought to the attention of her listeners the importance of "Your Voice in the World Today".

Many problems were brought out at the trustees' section with Mr. J. R. Marshall, chairman, presiding. Mr. J. McIntosh Tutt expressed the

No, it isn't a bargain basement—it's the registration desk at the O.H.A. convention, showing a small section of the crowd.

belief that trustees should be encouraged to take an active part in conventions and that they might well visit the meetings of trustees in other hospitals, giving short addresses. Questions on ethical procedures, collections for indigents, and the failure by medical staff members to write records, were raised, creating much discussion. A general business meeting and election of officers followed. Mr. W. M. Gray of Chatham was elected chairman, and Mr. D. C. Fraser, Perth, vice-chairman.

The well attended dietetic section under the chairmanship of Miss Margaret Ketchen brought forth some informative papers. Sister Emerentia of St. Joseph's College, Toronto, spoke on "Teaching Nutrition to Student Nurses"; Miss Florence Stacey presented a paper on "Labour Saving", and Dr. Robert Kerr gave an address on "Therapeutic Modification of the Normal Diet".

Much lively discussion took place at the accountants' section. This section was established last year and its worthwhile purpose was indicated by the large attendance at this year's meeting. Collection procedures, the importance of accurate stores accounting and its practical application, use of the new approved form, and the systems used in different hospitals, were among the many subjects covered.

At the general session Tuesday afternoon, the Hon. Russell T. Kelley, Minister of Health for Ontario, gave a report of the Ontario health survey up to date and outlined the work of the committee set up for the purpose of making this survey.

Trusteeship came in for further discussion at this session and a round table was conducted by J. McIntosh Tutt, A. J. Swanson, R. F. Armstrong, William M. Gray, and Dr. Harvey Agnew.

On Wednesday morning at the general session, the Blue Cross Plan was reviewed by Mr. David W. Ogilvie who gave credit to the hospitals for their close co-operation in helping to make the Plan a success. Many vital subjects were covered in addresses including workmen's compensation insurance, tuberculosis regulations in hospitals, hospital costs, hospital budgets, and what can be done to meet rising costs.

The afternoon was devoted to a round table conference with Dr. Malcolm MacEachern, Dr. Fred Routley, and Dr. Harvey Agnew presiding. Discussion was varied with problems on laundry, maintenance, building, and pharmacy, receiving much attention. An expert on each of these subjects was present to answer questions.

At the O.H.A. convention held in Toronto last month, attention of delegates was directed toward the opening ceremonies by the skirl of bagpipes, and hundreds of smiling registrants joined in a parade to follow the pretty piper, Miss Lottie Murray. Shown above is Dr. MacEachern chatting with the piper.

A highlight of the convention was the annual banquet on Tuesday evening when about 450 delegates filled the large dining hall to capacity. J. McIntosh Tutt, in his presidential address, reviewed the work of the Association which represents 178 hospitals of the province. He pointed out that rising costs still face the hospitals, that the volume of work cannot be controlled as it can in industry and that since equipment and services must be maintained constantly even though they are not used continuously, "standing by" costs thus accrue. And, despite rising costs, he felt that the hospitals have done a great deal to render a service to their respective communities at the lowest possible cost to the patient.

Resolutions

Resolutions were passed to the effect that:

A representative of the Ontario Hospital Association be included on the committee which has been named by the provincial government to carry out the survey of health facilities and needs in the province.

The Ontario Hospital Association make strong recommendation to the ministers of health of the federal and provincial governments that the construction grants also cover the replacement of obsolete facilities whenever this replacement is approved by the local and provincial authorities.

The minister of health of Ontario be requested to consult with hospital representatives in order that the grant supplied for the training of personnel be used to the best advantage for the purpose for which it has been authorized.

The Ontario Hospital Association go on record as requesting that grants be made also on the basis of "approved hospital construction" where no increase in beds is involved, especially as it relates to the expansion of nursing schools, nurses' residences, and other hospital facilities.

The minister of health and the government of Ontario be petitioned to make the grants which became effective on April 1st, retroactive to January 1st, 1948.

Officers

Honorary President: Hon. Russell T. Kelley.
Hon. Vice-president: J. McIntosh Tutt, Brantford.
President: Miss Pearl L. Morrison, Toronto.
President-elect: W. Douglas Piercey, M.D., Ottawa.
First Vice-president: John R. Marshall, Peterborough.
Second Vice-president: Sister M. Pascal, Sarnia.
Third Vice-president: R. J. Weatherill, St. Catharines.
Secretary-treasurer: F. W. Routley, M.D., Toronto.
Associate Secretary-treasurer: A. J. Swanson, Toronto.

Board of Directors

Harvey Agnew, M.D., Toronto; R. Fraser Armstrong, Kingston; Horace L. Atkin, Windsor; Miss R. M. Beamish, Sarnia; J. H. W. Bower, Toronto; Miss Priscilla Campbell, Chatham; J. G. Clark, Owen Sound; L. J. Crozier, M.D., London; Mrs. D. Dworkin, Toronto; D. C. Fraser, Perth; John R. Fraser, M.D., Almonte; Rev. John G. Fullerton, Toronto; Wm. M. Gray, Chatham; John Hornal, Peterborough; Hon. Sen. J. R. Hurtubise, Sudbury; Sister Louise, Toronto; Mrs. T. J. Lytle, Toronto; John R. Marshall, Peterborough; A. F. Moffatt, Ottawa; M. T. Morgan, Toronto; Miss Mary O'Sullivan, Toronto; Geo. A. Reid, Toronto; A. L. Richard, M.D., Ottawa; Miss Florence Roach, London; J. E. Sharpe, M.D., Toronto; Donald B. Strudley, Stratford; A. J. Swanson, Toronto; R. J. Weatherill, St. Catharines, C. N. Weber, Kitchener.

—*E.S.*

Food and Its Service

Sponsored by the Canadian Dietetic Association

Inadequate Nutrition With Adequate Diets

I. M. Rabinowitch, M.D., C.M.,
Director,
Institute of Special Research and Cell Metabolism,
Montreal General Hospital, Montreal.

Part II

A SECOND conditioning factor which may account for malnutrition is *destruction* or *inactivation* of a food element. Reference was made to the destructive effects of achlorhydria in B_1 and to the equally destructive effects of all alkalinizing agents. Certain strains of bacteria decompose vitamin C in vitro. The extent to which this phenomenon applies to man is not clear. Suggestive, however, are the cases of clinical scurvy, with no response to ingestion of ascorbic acid but rapid recovery following parenteral administration.

It is also a well-known fact that certain foodstuffs contain substances that may destroy or inactivate food elements. An example is the Chastek paralysis noted in foxes when to their diets were added carp, pike, smelt and other raw fish. The animals suffered loss of appetite, became weak and developed paralyses which were traced to thiamine deficiency and thus preventable and curable by the administration of thiamine. A thiamine-destroying factor has also been reported in certain cereals, legumes and oil seeds. The inactivation of biotin physiologically by raw egg-white compared with the harmlessness of cooked egg-white is perhaps in this category. To what extent such conditions apply to man is not known but suggestive is the destruction of dietary thiamine in persons fed diets containing raw clam. Perhaps in this category is the decrease of the digestibility of milk proteins by the administration of cocoa.

A third conditioning factor is interference with the utilization of food after its absorption in apparently satisfactory quantities. For example, certain tissues have an affinity for specific nutrients which result in concentration of these nutrients in those tissues. The concentration of iodine in the thyroid gland is an example. Therefore, if that tissue is injured, the affinity for the specific nutrient may become impaired and result in impaired nutrition. Carotene, for example, must be converted into vitamin A, thiamine into cocarboxylase, riboflavin into flavour-protein and the liver is considered the principal organ in which these conversions take place. It is not surprising then that defective concentrations of vitamin A have been found in diseases of the liver, such as cirrhosis of the liver, long-standing obstructive jaundice, et cetera.

Vitamin A is soluble in fat and, in diabetes, the liver may contain huge amounts of fat. Yet vitamin A deficiency has been noted in this disease also. Probably the reason is that the fatty infiltration, being a pathological phenomenon, is more than counterbalanced by the disease of the liver which has produced it. The result is that, notwithstanding the probability that the fat may be storing large quantities of carotene, the liver is unable to convert it into vitamin A. In such cases, therefore, merely feeding diets rich in carotene is not likely to prevent vitamin A deficiency. What is needed here is proper control of the diabetes. This way the fatty infiltration disappears and the liver function is so improved that there is no need for additional carotene-rich foods.

The thyroid gland is apparently necessary for conversion of carotene into vitamin A. The exact mechanism is not known. Its importance, however, is suggested from the high incidence of carotin-semia in myxoedema in man and from the vitamin A deficiencies produced by anti-thyroid drugs, such as thiourocil, in animals in spite of adequate intakes of carotene. Myxoedema is not very common, but obesity, due to some extent to underactivity of the thyroid gland, is quite common. The practical point here is that, unless the thyroid deficiency in such cases is also counteracted, the mere prescribing of a diet rich in carotene is not likely to prevent vitamin A deficiency.

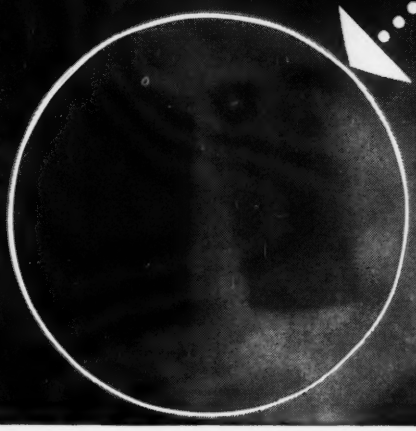
A fourth conditioning factor in nutrition is increased excretion. Vitamin A is never excreted by the kidneys of man in good health, except as a breakdown product; but a daily excretion of 3,000 international units or more per day may occur in pneumonia. Loss of vitamin A, due to excretion in the urine, may also occur in chronic nephritis, rheumatic fever, pernicious anaemia, asthma and pregnancy.

Fluids are forced at times for a variety of reasons and, by forcing fluids, it is possible to cause sufficient excretion of thiamine to result in a deficiency of this essential food element. The excretion of thiamine may also be increased considerably by the administration of mercurial diuretics and, until a hyperthyroidism has been controlled, there is the possibility of an increased urinary excretion of riboflavin. Lactation may deplete the body very appreciably of vitamins B and C. The daily milk requirements of the child during the latter months of breast-feeding are about 1,000 c.c. per day. Secretions as high as 1,521 and 1,758 c.c. have been observed. If the milk contains even the minimum of 5 mgms. of vitamin C per 100 c.c., such mothers may therefore require a minimum of 50 to about 90 mgms. vitamin C per day beyond their normal daily requirements—a requirement not met by one glassful of orange juice or fresh tomato juice but by one and

From an address presented at the Canadian Dietetic Association Convention, Montreal, June, 1948.

Only Curity radiopaque sponges show up on X-ray plates like this

PORTABLE EQUIPMENT and Curity Radiopaque Sponges placed on abdomen (maximum possible distance from plate) of 115 lb., 24-year-old female. Sponge is sharply visible, clearly identifiable. Specifications: Exposure 1½ sec., distance 30 inches, 10 milliamps, selective setting 3.

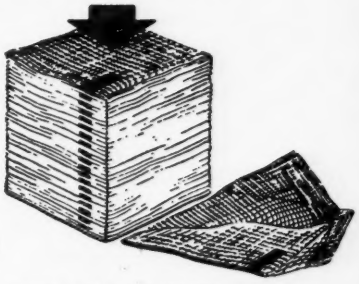


. . . because they alone contain this element

The shadow cast on an X-ray plate by the barium telltale of Curity Radiopaque Sponges and ABD packs is unique. Its shape and pattern make it quickly distinguishable from body structure or artefact; its radiopacity makes it easily and quickly identifiable—whether you use fixed or portable X-ray equipment, with or without a Bucky-Potter diaphragm.

The blackness of the barium telltale shows through covering folds of gauze (see sketch), and makes every Curity Radiopaque sponge readily identifiable in the operating room without unfolding.

If you use Curity Radiopaque sponges and ABD packs routinely in your operating room, it is easy to settle the problem of unaccounted-for sponges. For X-ray will determine whether a Radiopaque sponge is in the patient or not. Give Curity Radiopaque sponges a trial and see for yourself.



Every Curity Radiopaque sponge contains a rectangle of crinoline impregnated with barium. The barium element has three advantages:

- **Can be seen clearly with portable or fixed X-ray equipment.**
- **Is unmistakable, because of shape and pattern, for body structure or artefact.**
- **Is visible in handling. Black color shows through gauze folds.**

Only Curity Radiopaque sponges give this unmistakable identification.

Products of

BAUER & BLACK

Division of The Kendall Company (Canada) Limited
TORONTO, ONTARIO

Curity
REG. IN CANADA

RESEARCH TO IMPROVE TECHNIQUE . . . TO REDUCE COST

one-half glassfuls of one or the other.

A diet may appear to contain an adequate amount of vitamin C yet impaired nutrition may result if, for any reason, the person is given salicylates (aspirin, et cetera), cincophan, barbiturates, amidopyrine, sulphonamides—frequently used drugs —or such hormones as stilbesterol, all of which increase excretion of this vitamin.

A significant loss of calcium may occur in hyperthyroidism and hyperparathyroidism, and the urinary secretion of calcium and phosphorus may be quite marked in cases of fracture. Urinary excretion of histidine—an essential amino acid—may be particularly pronounced during about the fifth week of gestation, coincident with the appearance of urinary prolan, and disappearing rapidly following parturition.

A fifth conditioning factor which hardly needs comment is the increase of body requirements due to increased metabolism; but particularly of interest to industrial dietetics is a sixth factor— the effects of detoxifying processes on nutrition in workers exposed to a variety of industrial poisons. From available evidence, it would appear that the body will employ nutrients preferentially for detoxification, even at the expense of sacrificing its own tissues to obtain the required material. I referred to the protective action of large quantities of milk in workers exposed to lead, and to the beneficial effects of high protein diets of high biological value in workers exposed to carbon tetrachloride, selenium and trinitrotoluene; but these are by no means the only industrial poisons which may damage the liver. There are the arsenical compounds and the hundreds of chlorinated hydrocarbons. From the available data, it appears that the beneficial effects of high protein diets are due mostly to their methionine, and in some degree cystine, contents, since the liver is the organ where the detoxification of these substances primarily occurs.

The breakfast of those who work with lead, therefore, should not be bread, jam, and tea or coffee, but cereals with an abundance of milk. If tea or coffee are to be included, it should be taken with much milk. For those working with the other compounds mentioned, an egg or two added to the same diet will increase the protein intake; their lunch should not consist of a few tomato and lettuce sandwiches and a thermos of tea or coffee, but rather of meat or cheese sandwiches (more meat or cheese than bread), and a large quantity of milk. What these workers need chiefly to protect them from the nutritional disturbances due to impairment of the liver from these industrial forms of poisoning is protein, protein in great quantities and of high biological value, that is, animal protein.

In cases of undue exposure to lead, trichlorethylene and hydrazine, detoxification may similarly increase the body requirements for ascorbic acid, probably as the result of the chemical combination of ascorbic acid with these poisons.

Knowledge of the contributing factors in nutritional disturbances has a much wider application than the few preceding examples indicate. An important application is in the control of the health of elderly people. With prolonged life expectancy, there is a continuously increasing proportion of aged people among the general population; and age introduces a number of conditions which tend towards malnutrition in spite of apparently adequate diets. With advance in age, the incidence of achlorhydria, for example, increases and with the increasing alkalinity of the secretions of the stomach and duodenum, the absorption of iron becomes defective, resulting in a tendency towards anaemia; the absorption of calcium becomes defective, resulting in an increased tendency towards brittleness of bone and thus in an increased susceptibility to bone

(Concluded on page 70)

Minister's Statements Criticized

(Editorial in the Ottawa Journal)

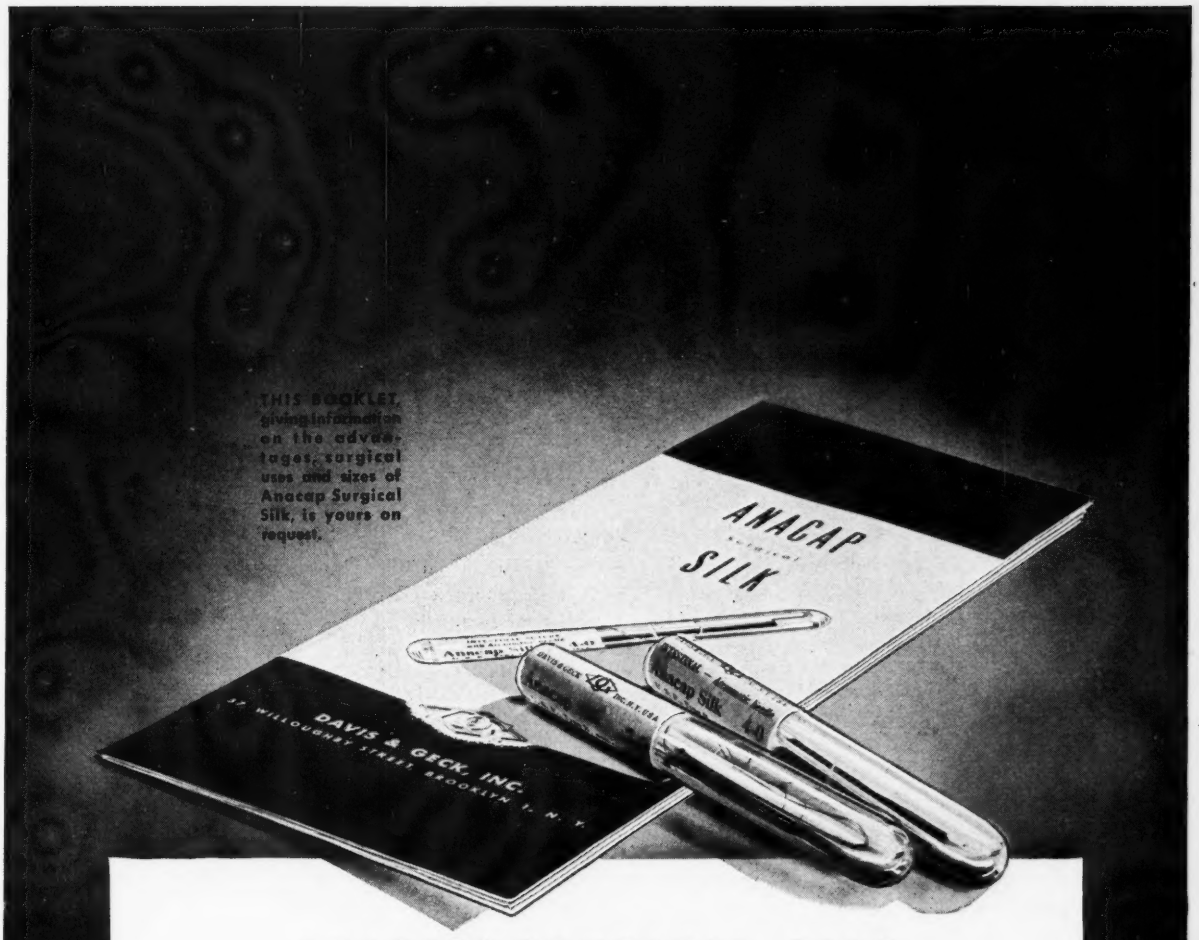
"Unfortunate publicity has been given to a reported statement by Ontario Health Minister Kelley to the Ontario Hospital Association complaining of the 'inconsiderate treatment' given young women who enter hospitals for training as nurses. Unfortunate because, in recent years at least, it is untrue as applied to practically all the principal hospitals in Ontario; unfortunate because he should have been bold enough to name the hospitals he was criticizing instead of using the general term 'some hospitals'; unfortunate because it is grossly misleading as applied for instance to the Ottawa Civic Hospital.

"Mr. Kelley we fear has not digested the reports he has received from his officials, has allowed himself to be carried away by a false public impression that student nurses are now overworked and badly treated. He bolsters his complaint by sneering that 'some hospitals expect student nurses to work for nothing but their board while others pay them as little as $5 per month'. He does not mention that the cost of educating these young women is very considerable and that they receive their highly professional education without fees.

"Student nurses these days are in a class with doctors in training who for five or six years have to pay their own way entirely plus university fees and for several years thereafter work for a pittance while obtaining hospital experience.

"The status of the graduate nurse, and correspondingly the status of the student nurse, has been raised to that of the professionals and Mr. Kelley does poor service to the public—who must have well-trained nurses as they must have well-trained doctors—by making general indictments unwarranted by the facts."

NOTE: Mr. Kelley's criticism of hospitals for not paying student nurses was quickly headlined by the press and caused much disappointment, to put it mildly, among the 1,200 registrants at the convention who had hoped that the Minister would have noted the good housing, the easier schedules of duty, the excellent health care, the lack of tuition fees, and the increased cash allowances prevailing in nearly all schools for nurses, rather than the few instances quoted. Particularly did many express "regret" that the strenuous efforts of the hospitals to house and train more nurses to serve the public should be undermined by the Minister's quoted statement, "It is no wonder girls don't want to go into training as nurses". *—Edit.*



ANACAP* SURGICAL SILK

Developed by D & G for surgical situations requiring a non-capillary, non-absorbable, extremely soft, pliable suture material that will not slip at the knot.

Anacap Surgical Silk retains all the smoothness and flexibility of natural, untreated silk yet handles more easily and ties more securely. It provides firm support to the wound throughout the healing period. *Anacap* silk is unaffected by the action of tissue fluids. These qualities, plus utter blandness and freedom from stiffening lacquers or traumatizing substances, give it distinct advantages in situations where non-absorbable sutures are indicated. Obtainable through responsible dealers everywhere. Davis & Geck, Inc., Brooklyn, N. Y.

D&G Sutures

"This One Thing We Do"

*Registered Trade-Mark

No General Formula for Beds per Thousand

INQUIRIES are frequently received by the Canadian Hospital Council from building committees of hospitals concerning the number of beds they should have in their areas to serve a population of so many thousand people. There is a wide-spread feeling that the figure can be reduced to a formula.

We prefer not to support or approve any set formula for the number of beds required in an area. It is true that certain figures have been quoted as being adequate for a province. However, some provinces have a higher number of beds per thousand than the figures quoted and are still very short of hospital beds. Also, to quote the actual average of beds per thousand now in operation in selected cities or areas across the country does not suffice, for almost all communities are now short of beds. One could indicate communities that are reasonably satisfied with 3-4 beds per thousand, and one could mention other urban communities with 15-18 beds per thousand wherein the hospitals are badly crowded.

Actually the hospital requirements of a community seem to be rising with each decade. There may be several possible factors involved in this, including:

1. The increasing complexity of medical diagnosis and treatment requiring hospital care;
2. The growth of voluntary hospitalization plans, workmen's compensation and health insurance legislation;
3. Crowded housing conditions and lack of domestic help;
4. Shortage of doctors;
5. The growth of small hospitals in rural areas;
6. The trend towards having all obstetrical care in hospitals (in Alberta maternity hospitalization is free);
7. More available funds in most families.

Factors Affecting Need

The following factors must be taken into consideration in any community when estimating the number of beds likely to be required in that area:

(a) In the case of the large city hospital, the amount of clinical work sent to the hospital concerned from neighbouring communities;

(b) In the case of a hospital in a community near a large centre, the percentage of patients going to doctors in the neighbouring large centre;

(c) The development of voluntary hospital plans;

(d) The development of legislation which would provide hospitalization on a compulsory basis;

(e) The extent to which accommodation for the chronically ill and the convalescent is being planned. This would have a considerable effect upon the over-all number of beds required in the active treatment unit;

(f) Whether the community is a thickly populated, poorly housed, industrial area, or a thinly populated rural area;

(g) In the case of rural hospitals, other factors would be the state of winter roads, the hospital mindedness of the people, and whether or not the local doctors did their own surgery.

The Commission on Hospital Care in the United States suggests that it is unlikely that the need for beds at the peak demand in the course of a year will be greater than the average census plus four times the square root of that average; also it is improbable that the lowest census will be less than the average census less four times the square root of that average census. In other words, if there were an average daily census of 25, the range in the daily census may be expected to be from 5 to 45 patients. The same Commission recommends a formula which is related to the deaths in hospital and the births in hospital. It has been found that the public uses about 250 days of general hospital care for each death and correlated sickness in a general hospital. In other words, the average daily census per death may be obtained by dividing 250 by 365, which gives a bed-death ratio of .7 for each hospital death—7/10ths of a bed is used per death in each year. This seems to be predicted on an average length of stay of 10 days in a hospital, with a death rate of about 4 per cent. Any change in these data would change the bed-death ratio, more beds being needed if a length of stay increases, but fewer beds being needed if the hospital death rate rises. Looking to the future the Commission recommends that we should anticipate the day when 50 per cent of all deaths and correlated sickness would take place in hospitals. Also the estimate should presume under 100 per cent occupancy—probably an average of 75 per cent to allow for peak demands. As for obstetrics, it is estimated that there should be about 4 beds for each 100 births at 75 per cent occupancy. In planning one should anticipate practically all births occurring in hospital. This formula is based upon a longer obstetrical stay in hospital than at present, for the present discharge of patients at about 7 or 8 days has been influenced by the shortage of beds rather than good obstetrics.

This formula is a bit complicated and one is not sure that it takes into consideration the fact that medical science is reducing deaths; on the other hand, the shortage of beds is having the tendency to increase the proportion of hospital deaths because of the selection of cases and the delays in gaining admission.

In our opinion it is better for the needs of a specific community to be analysed in the light of the various factors mentioned above rather than to place too much reliance upon any over-all formula which may or may not be applicable. It is our opinion that local inquiry, particularly among the medical profession, will give an indication concerning the probable immediate needs—and future needs—of the area. A medical committee could be of considerable help inasmuch as they should have a general idea of the proportion of patients who go elsewhere and the reasons why they go elsewhere, the patients referred to the hospital from outside, public opinion concerning the hospital, the ability of the people to pay, et cetera. An appraisal of these factors, with the allowance for the steady increase in hospitalization year by year, should give a more accurate figure than any blind adherence to a rigid formula.—*G.H.A.*

BETTER DEEP HEAT THERAPY

WITH THE NEW WAPPLER

DIATHERMY UNITS

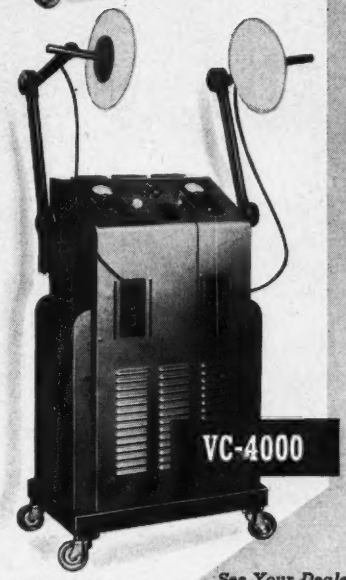
FCC TYPE APPROVAL No. D-481

DESIGNED and built to the exacting ACMI standards, these new WAPPLER DIATHERMY UNITS incorporate many of the latest advances in electronic engineering. They combine fool-proof frequency control with ample reserve power, adequate safeguards and rugged construction. Either of these new models assures the operator a wide range of dependable, trouble-free therapeutic applications, for effective heating of the deep tissues of the body. Optional accessories permit either model to be used for precise, minor electrosurgery.

Advanced Features of CC-3000

Meets Federal Communications Commission requirements as to frequency stability and harmonic or spurious radiations.

• Piezo-electric quartz crystal frequency control • Shielded, neutralized, push-pull oscillator circuit • Ample reserve power of 275 watts • Automatic overload protection for electrical components • Safety interlock switch • Automatic pre-set dosage timer • Resonance Indicator lamp • Patient "Shut-Off" cord • Interference and noise filter



Outstanding Features of VC-4000

Operates within the wave band allocated by the Federal Communications Commission, with a minimum of harmonic or spurious radiations.

• Frequency stabilized high C-L tank oscillator circuit • High frequency, balanced, push-pull oscillator circuit with Triode power tubes • Reserve power of 225 watts • Overload protection for electrical components • Pre-set Dosage Timer • Patient "Shut-Off" Cord • Resonance Control • Safety Interlock Switch

FCC TYPE APPROVAL No. D-485

See Your Dealer
•
Write for Literature

"Better Deep Heat Therapy Through Advanced Electronic Engineering!"

AMERICAN CYSTOSCOPE MAKERS, INC.

Frederick J. Wallace, President

1241 Lafayette Avenue — New York 59, N. Y.

A·C·M·I TRADE MARK

Distributed in Canada exclusively by

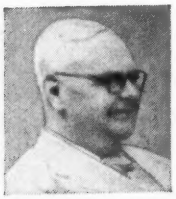
INGRAM & BELL LIMITED

TORONTO

MONTREAL • WINNIPEG • CALGARY • VANCOUVER

With the Hospitals in Britain

By "LONDONER"



C. E. A. Bedwell

Dear Mr. Editor:

The general impression about the working of the new national health service act is that the change has taken place much more smoothly than seemed likely when there was an atmosphere of political controversy. A survey of the whole would be too large a subject for one of these letters but an attempt may be made to give a general idea of the arrangements for the hospital service.

The large majority of hospital patients in the country are in the care of the management committees who have legal, as well as actual, responsibility for their welfare. Above these management committees in the hospital hierarchy are the regional hospital boards, whose main work is planning and organization. In dealing with the respective functions of these bodies it must be remembered that all of them are restricted by prevailing limitations of labour and material. Enormous arrears of work have accumulated during the years of war. The management committees may put up their proposals and plans for improvements as well as for renewals. The regional board have an allocation of material which they can distribute and they also must approve the total estimate of the management committees, though they may leave to the discretion of each one the allocation of the total. Broadly speaking, the former voluntary hospitals seem to be in a much better position than those which were under the control of local authorities. The latter had to consider the claims of the hospitals in relation to other institutions under their control. Schools, for example, had a special claim. Under their arrangement with the Ministry of Health the voluntary hospitals were anxious to hand over their hospitals in the best possible condition and were able to draw upon the Ministry for the necessary funds. Even in matters like nurses' accommodation, which has been regarded by everyone as a first priority, there are marked disparities.

The conditions of work for the management committees vary considerably owing to the wide and varied range of areas. A colleague of mine has a journey of sixty miles to reach an outlying hospital, while the area

Voluntary Hospitals Under National Health Service

of the committee in which I reside is not much more than six miles in any direction. The number of hospitals under the care of management committees varies almost to the same extent. This raises problems in administration, particularly as regards the position of house committees. There has been a general desire to avoid a three-tier organization but in some of these large areas it seems inevitable. The extent of the devolution of responsibility is a problem to be worked out according to the circumstances of each. In fact, in compact areas it seems to be arguable that the "three-tier" may be avoided by the use of house visitors. If one member of the management committee is appointed to act, in this capacity, with someone possessing intimate knowledge of the particular hospital, a definite link is maintained between the hospital and the committee. The member of the management committee obtains contact with the hospital staff under the happiest auspices as one who takes a real interest in the work and not as a kind of inspector from a distant body. The house visitors may have a real influence in maintaining and even developing the voluntary spirit in all the hospitals, even though these have become the property of the State. The sharp distinction which existed in the public mind between voluntary and municipal hospitals and did not exist in fact, as many of the latter had attached to them a keen body of voluntary workers engaged in a variety of activities for the welfare of the patients.

The position of the hospitals with medical schools is causing some concern. In a good many places they have amalgamated with small voluntary hospitals and constituted a unit of about one thousand beds. But there has been little movement of a similar kind between the teaching hospitals and those which were formerly municipal hospitals. It is recognized, of course, that it was inevitable for some of the hospitals in a region to be away from the teaching hospital which was envisaged as a centre of educative influence in each region. It is clear, however, that the amalgamations which have been taking place are not due to geographical propinquity but are prompted by other motives. There remains another form of linkage with the teaching work. The medical school may have an "association" with a hospital which will retain its administrative independence, while its wards are open to students and their teachers from the medical school. Until there is some further development of the connection between the medical schools and the hospital service as a whole, they seem to be *in* it but not *of* it. This is by no means a satisfactory state of affairs. It may well be that the special position given to the medical schools in the Act may have to be modified in practice if not in law. The marked distinction which tends to develop between the teaching and the non-teaching hospitals is as bad as the previous gap between voluntary and poor law hospitals.

a NEW oral estrogen MENAGEN®

Capsules

made to medical measure

excellent patient acceptance

economical

odorless

tasteless

biologically standardized

high potency

rapid absorption

natural mixed estrogens

All you could ask for in an oral estrogen: that has been the goal of Parke-Davis research in developing MENAGEN Capsules. Here is a standardized estrogen with definite pharmacologic activity. Estrogens in MENAGEN are not combined with other chemical radicals but are in free estrogenic form.

Clinically tested, MENAGEN produces an even therapeutic effect, not only in the menopausal syndrome but also in amenorrhea, dysmenorrhea, functional uterine bleeding, and other estrogenic deficiencies. A natural product, active in small dosage, MENAGEN gives the patient an agreeable sense of well-being.

Unlike commonly prescribed oral estrogens, MENAGEN has no unpleasant odor or taste, nor does it give rise to breath or perspiration odors. The attractive appearance of MENAGEN Capsules and their convenience of administration help still further to assure acceptance by patients.

Each MENAGEN Capsule contains the estrogenic equivalent of 10,000 international units of ketohydroxyestratriene. Bottles of 100 and 500 capsules.

PARKE, DAVIS & CO., LTD., WALKERVILLE, ONTARIO

MEDICAMENTA VERA · P & CO.

With the Auxiliaries

Breakfast Meeting is Highlight of Hospital Aids Convention

The Women's Hospital Aids Association of Ontario held its annual meeting at the Royal York Hotel, Toronto, on November 1st, 2nd, and 3rd, in conjunction with the O.H.A. convention. The opening breakfast, which has come to be a regular feature of this meeting was more popular than ever this year. Close to 200 delegates and guests attended. The program included an animated discussion period in which a panel of experts in the hospital field answered questions submitted. These speakers were: Dr. F. W. Routley, Mr. A. J. Swanson, Dr. Malcolm MacEachern, Miss Pearl Morrison, Sister M. Ursula, Miss Rahno Beamish, Mr. Fraser Armstrong, Dr. Harvey Agnew, and Dr. Leonard Bradley.

At the regular association session which followed, the president, Mrs. J. G. Harkness, surveyed the year's activities. She gave an account of her visits to the various provincial units in centres from Port Arthur to the Niagara peninsula, travelling altogether about 8,000 miles. She also reported upon the American Hospital Association Conference of Women's Hospital Auxiliaries which she attended in Atlantic City and expressed the hope that Canada too might soon have a nation-wide organization of hospital aids.

In her report as public relations administrator, Mrs. O. W. Rhynas discussed the fear, sometimes expressed, that the new federal health plan might retard voluntary work among aids. She emphasized her belief that this fear is groundless because the voluntary spirit is inherent in our institutions and stressed the fact that auxiliaries are now receiving more encouragement from hospital boards than ever before.

Officers elected for the coming year are as follows:

President: Mrs. J. G. Harkness, St. Catharines

President-elect: Mrs. T. J. Lytle, Toronto

Recording Secretary: Mrs. J. R. Christie, St. Catharines

Treasurer: Mrs. Charles Sim, St. Catharines

* * * *

Forms Alberta Provincial Body

Another provincial association of women's auxiliaries came into being last month when representatives of women's auxiliaries attending the Associated Hospitals of Alberta convention decided to form a special organization of their own. This new association, which will be called the Associated Auxiliaries of the Hospitals of Alberta, will work in close co-operation with the hospital association and will meet with it annually.

The following officers were appointed for the first year:

Patroness: Mrs. W. W. Cross, Edmonton.

Honorary President: Mrs. A. C. McGugan, Edmonton.

President: Mrs. F. A. Campbell, Calgary.

First Vice-President: Mrs. John Oliver, Edmonton.

Second Vice-President: Mrs. Fred Nuttall, Lethbridge.

Recording Secretary: Mrs. Gwen Mulvey, Wainwright.

Corresponding Secretary: Mrs. J. P. Ferguson, Trochu.

Treasurer: Mrs. R. W. Thompson, Westlock.

* * * *

Miss Lila M. Baird, Reg.N., secretary-treasurer, Public General Hospital, Chatham, dressed to represent a charter member of the Ladies' Assisting Society.

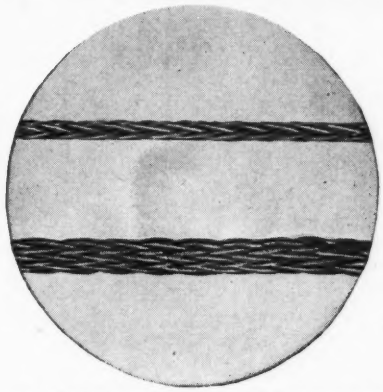
Present at the Diamond Jubilee dinner of the Chatham Ladies' Assisting Society were, left to right: Mrs. A. J. Dodman; the two guest speakers, Mrs. J. G. Harkness, St. Catharines, and Mrs. O. W. Rhynas, Toronto; Mrs. A. A. Hicks; and Mrs. W. J. McCall.

Ladies' Assisting Society Celebrates 60th Anniversary

The Ladies' Assisting Society of the Public General Hospital in Chatham, Ont., held a diamond jubilee dinner in October to commemorate sixty years of continuous service as a voluntary hospital group. Among those who joined in the celebration were members of the hospital board, and of the Ladies' Auxiliary of St Joseph's Hospital. Guest speakers were Mrs. J. G. Harkness of St. Catharines, Mrs. O. W. Rhynas, Toronto, and Miss Priscilla Campbell, superintendent of the hospital. An interesting feature of the program was a pageant in which pioneers of the society were represented by members in costume of sixty years ago.

BRAIDED TANTALUM

A USEFUL, NEW SUTURE MATERIAL



Many individual strands of wire are in Ethicon Braided Tantalum. Photomicrograph, above, shows Sizes 3-0 and 1, magnified to x15.

ETHICON TANTALUM FOR SURGICAL USE

Sutures. *Monofilament:* Sizes 6-0, 5-0, 4-0. Swaged to Eyeless Atraloc needles. *Braided:* As described at right.

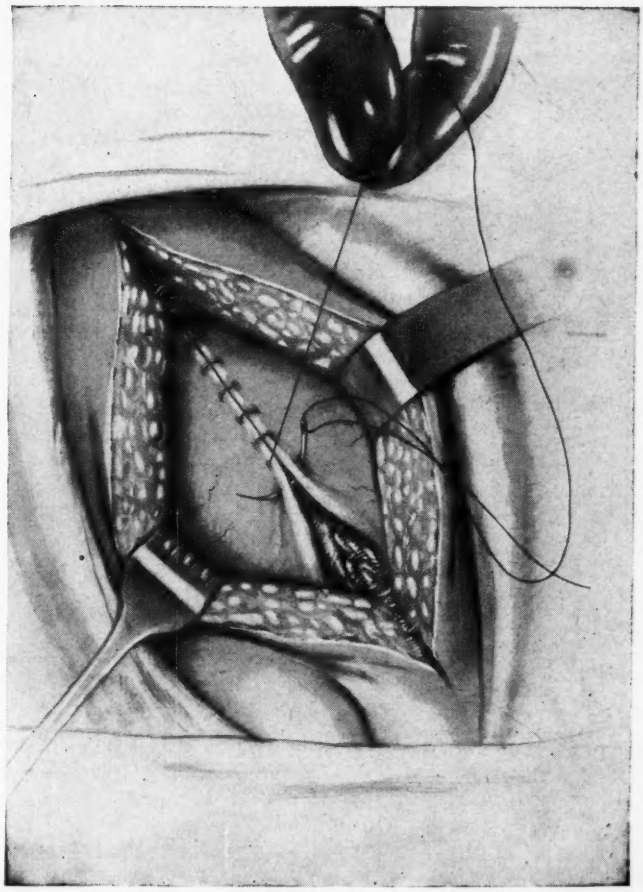
Wire. Suturing material on spools. Sizes 6-0, 5-0, 4-0, 000, 0, 2, 4, 5, 6, 7.

Ribbon. For making neurosurgical hemostasis clips. Clips also supplied ready-made.

Sheet. For skull plates in cranio-plasty and general plastic surgery.

Foil. Used in neuro- and orthopedic surgery for protection of nerves and tendons.

Literature describing use of Ethicon Tantalum products available on request.



● Braided tantalum is a new Ethicon suture material which offers the surgeon certain qualities not found in other sutures.

1. Its "handling properties" are superior to monofilament wire. It is much stronger than silk and less variable in size.

2. Its tensile strength is not affected in the presence of infection.

3. When Braided Tantalum is used as a buried suture, the attachment of the tissues to the suture provides greater anchorage.

Ethicon Braided Tantalum Sutures are supplied in Sizes 5-0 to 1, in 60-inch length on card reels.

Braided Tantalum has been found of special value for general surgical closure, plastic surgery, tendon repair and herniorraphy.

ETHICON *Sutures*

Johnson & Johnson
LIMITED MONTREAL

Dr. R. G. Ferguson Retires

ON retiring from public life after 32 years of service in Saskatchewan's tuberculosis program, Dr. R. G. Ferguson, medical director and general superintendent of the Saskatchewan Anti-Tuberculosis League, was the recipient of many expressions of honour and appreciation.

In 1917, the task of carrying out an expanded program in the fight against tuberculosis fell to Dr. Ferguson and, under his leadership, two additional treatment centres were established and two new sanatoria built, one of the latter at Saskatoon and the other at Prince Albert. Also under his guidance many progressive measures were instituted, and the death rate from tuberculosis in Saskatchewan was sharply reduced.

Dr. Ferguson has been active, not only in Saskatchewan, but for some years has been one of the Canadian representatives on the advisory board of the American Trudeau Society. He was also twice president of the Canadian Tuberculosis Association. Fifteen years ago he made experimental studies among Indian babies at Fort Qu'Appelle in the use of BCG and later directed a study of BCG vaccination among nurses in eight general hospitals and three sanatoria in the province. Recently he was appointed to the sub-committee on Tuberculin and BCG of the World Health Organization.

On the occasion of his retirement, expressions of good wishes and admiration came from all parts of Canada and from the United States. One of the special features was the gathering of 600 ex-patients at Fort Qu'Appelle Sanatorium to show their esteem for Dr. and Mrs. Ferguson. At this time, on behalf of former patients, Dr. Ferguson was presented with a cheque for $2,500 with the proviso that he was not to spend it "on good works" but for the enjoyment of Mrs. Ferguson and himself.

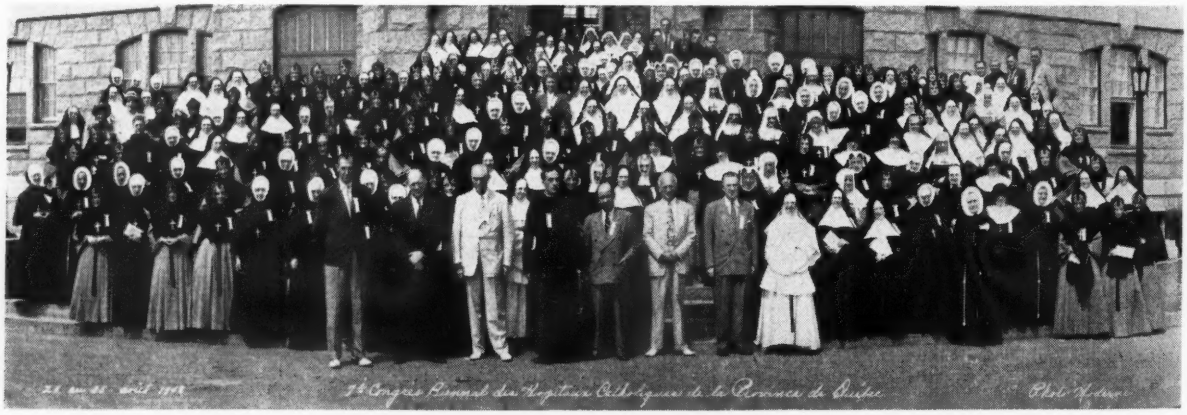
In view of his many years of service to the people and to the profession, the Council of the College of Physicians and Surgeons has conferred upon him an Honorary Membership.

Known not only for his pioneering in the field of tuberculosis but also as a great humanitarian, Dr. Ferguson carries with him the sincere good wishes of all who know him.

Dr. John Orr has been appointed to succeed Dr. Ferguson. Dr. Orr received his training in tuberculosis under the late Dr. David Stewart at the Manitoba Sanatorium, Ninette,

Dr. John Orr

where he was assistant medical superintendent. In 1926 he joined the Saskatchewan Anti-Tuberculosis League as physician in charge of consultation service and later operated the city clinics. In 1946 he was appointed medical superintendent of the Fort Qu'Appelle Sanatorium and in September last took over his duties as Dr. Ferguson's successor.



At the Meeting of the Montreal and Quebec Conferences

The above photograph was taken during the 7th biennial congress of the Montreal and Quebec Conferences of the Catholic Hospital Association which took place in Quebec City in August. This was one of the largest conventions ever held in Canada. It followed the two-weeks' institute for administrators also held in that city.

RUSTLESS...SOLID
WEAR RESISTANT

Monel*

FOR HOSPITAL
EQUIPMENT

The Monel diet kitchen sink and medicine cabinet illustrated, now installed in the Queen Elizabeth Hospital, Toronto, were manufactured by Metal Fabricators Ltd., Tillsonburg, Ont., who are qualified to design and fabricate hospital equipment to meet your requirements.

The outstanding metal for hospital equipment is Monel. It is stronger and tougher than structural steel. It resists heat, steam, acids and alkalies and a wide range of hospital solutions. Monel is a solid, rustless metal with no coating to chip, crack, peel off or wear away. In main or diet kitchens . . . in cafeteria and laundry . . . this attractive metal assures trouble-free, day-after-day service. For replacements, as well as for the new facilities you are planning, be sure to specify Monel for essential long-lived equipment.

* *Monel is the registered trade mark of The International Nickel Company.*

EMBLEM OF INCO SERVICE
MONEL
TRADE MARK

THE INTERNATIONAL NICKEL COMPANY OF CANADA, LIMITED. 25 KING ST. W., TORONTO

Here and There

Glimpses of Bolivia

BOLIVIA is the land of contrast; the land of snow-crested mountains and hot moist jungles; of salt deserts and surging rivers; of fertile farm land and sandy pampas. It is the land of graceful Spanish churches and rule adobe huts, of majestic Inca ruins and modern skyscrapers; of rough mule trails and broad boulevards. It is a country that embraces all climates of the world in its inland area of 419,470 square miles. The tropical climate of the lowlands, the temperate air of the intermediate altitude, and the crisp atmosphere of the high plateau are to be found between sea level and habitable altitude of some 13,000 feet.

This contrast extends into the three and a half millions of population where one finds widely diversified peoples, ranging from the Siriono savage to the American diplomat. On the upper strata of society is the "white", who may be either a foreign immigrant or one who, despite his obvious Indian extraction, lays claim to Spanish or European descent and thus, for social reasons, prefers to call himself "white". The mestizos or "cholos", forming the middle class, are the tinkers and tailors, the merchants and chiefs of the nation.

Over half the population of Bolivia is made up of "Indians", the tillers of the soil and the nation's herdsmen. When the Spaniards conquered that territory, they found two languages prevailing—that of the Quechuas, to whom the Incas belonged and who still occupy sections of southern Bolivia; and that of the Aymaras who had been partially subjugated by the Incas and lived, as now, in the district of Lake Titicaca.

Health Care

Bolivia's democratic government, with the good-neighbour assistance of the United States in funds and personnel, has done much since the beginning of the war to develop national resources and to bring education and medical service to the remotest community. In the field of medicine, the government has established fine general hospitals, sanatoria, public health clinics, research laboratories, and nursing and medical training schools. A substantial portion of the medical work, however, is being done by missions dotted throughout the country. While there is in La Paz a splendid hospital and clinic operated by the Methodist Mission, much of this work is carried on by missionaries in the tiny Indian communities isolated from larger centres.

An Indian Piper on Lake Titicaca.

The Canadian Baptist Mission, founded in 1898, has concentrated its medical work on Lake Titicaca. branching out from its headquarters at Guatajata into villages punctuating the shoreline of the lake. Here the Aymara Indian lives close to the soil, scraping from it a meagre livelihood. Centuries have engrained in him superstition and suspicion, taciturnity and submission, making it difficult to educate him. This is particularly true of health education. It is a slow task to break down the prejudice and fear instilled by native witch doctors and to induce in him confidence in modern medicine. While mobile roadside clinics, health clinics, and home treatments have overcome many barriers, there remains the problem of persuading the Indian to use the free hospitalization provided by city hospitals.

The Indian of Lake Titicaca is growing to accept the clinic. He is a willing patient for he likes taking most medicines, especially castor oil, which is relished to the last lick. Cod liver oil is a favourite, a special treat on payday. In addition to the usual minor ailments, there are the serious ones to cope with, including typhoid, whooping cough, malaria, tuberculosis, smallpox and typhus. The latter, called the "fever of the altiplano" broke out among the Indians of the plateau about ten years ago and has left the mark of its ravages far and wide. One report tells of a call to the village of Kota Kota. Of the family, a young lad, his aged father and two-year old sister were the only ones well enough to move around. Six others lay on the dirt floor of the dingy mud hut, suffering from high temperatures, severe headaches and the characteristic typhus rash. Unless checked immediately, this disease can climb to epidemic proportions. Since the war the United States has maintained a health commission in Bolivia to study preventive medicine. In this case, the missionary nurse sent samples of blood to the bacteriologist in La Paz, about 65 miles away, and within 24 hours a bacteriologist and doctor had arrived with medicines and vaccines.

To a great extent, it is through the medium of the efficient and dedicated mission clinic that the Indian of Bolivia is coming gradually to realize and to accept his right to good health and better living.—*M.B.*

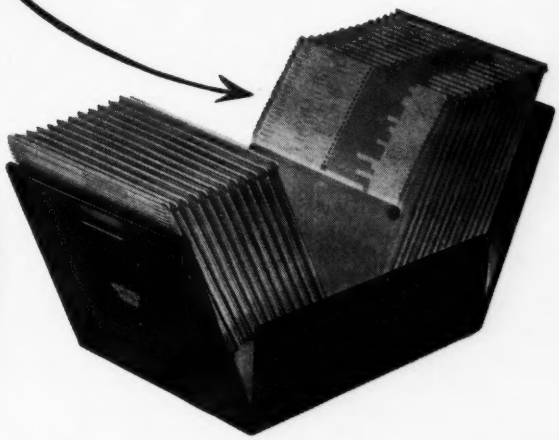
You Get INSTANT Location of Needed Facts with VISIBLE Files!

The saying "time is of the essence" was never truer than when applied to hospital record requirements. Patients' welfare demands that vital information be supplied *quickly;* hard-pressed personnel need record systems that slash fact-getting time and paperwork to the minimum.

That's why Remington Rand *visible* systems are used in ever greater frequency throughout the hospitals of America: they provide the *speed, convenience* and *labor-saving* indispensable to modern hospital administration.

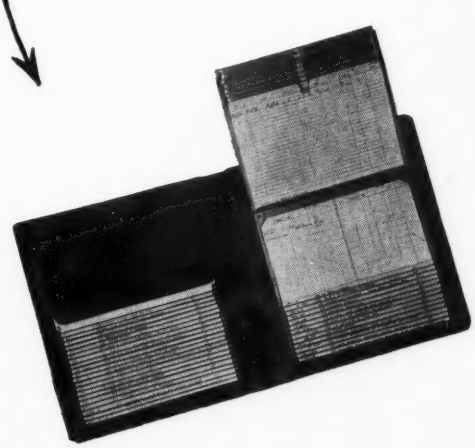
MEDICATION RECORD

—with Kardex Book Unit. Doctors' orders and medication records are kept accurate . . . complete . . . *up-to-date* with efficient Kardex Visible Control. Each nurses' station is equipped with a Kardex Book Unit, with each patient's record in a separate pocket of which the *visible* margin carries all key data—Room Number, Patient's Name, Hospital Number, Religion, Diet, Condition, Doctor's Name, etc.



INFORMATION RECORD

—with Kolect-A-Matic *visible* indexing. This record may be housed in a recessed section of your Information Desk—carries all data needed on each patient for this important function. The record is *immediately available,* because the individual's name appears at the top of the card, under the transparent celluloid tip of the pocket.



PERSONNEL RECORD

—with Kardex Control. This centralized, *visible* record provides split-second finding of *all* facts needed for efficient personnel administration—contains complete, detailed information on personnel history, qualifications, salary scales, etc., for all classes of hospital employees. The visible margin of each worker's record is *color-signaled* for instant reference to key facts.

Other Remington Rand hospital records designed to assure you *top operating convenience and positive administrative control* include: Record Room Files, Admission Control, Diagnosis Indexes, Ledger and Collection Records, Stock Control of Equipment and Supplies. For details, call our office near you, or write Hospital Records Department, Systems Division, Remington Rand Ltd., 199 Bay St., Toronto.

Remington Rand

THE FIRST NAME IN RECORD SYSTEMS

Notes on Federal Grants

Free Streptomycin for Tuberculosis in Alberta

Under the federal government's new health plan, an expanded anti-tuberculosis campaign will go into effect in Alberta. Highlights are free supplies of the drug streptomycin for the treatment of tuberculosis and free treatment for all types of non-pulmonary tuberculosis. Other projects which have received federal approval in this connection include the establishment of a short course training school for nurses at the Central Alberta Sanatorium. The school will be run in co-operation with general hospitals in the province. Provision is also made for engaging two clinic physicians to interpret the increasing volume of chest films coming in from the travelling x-ray units. The cost of these projects will be charged against Alberta's share of the $3,000,000 set aside for tuberculosis control.

* * * *

Manitoba Mental Hospitals to Have Additional Staff

Part of the funds provided by the federal health plan for a drive against mental illness will be used in Manitoba to engage additional nursing staff at both Brandon and Selkirk mental hospitals. A full-time instructor of nurses is to be appointed at Selkirk and two full-time instructors at Brandon. Training courses at the latter institution are conducted in affiliation with the Winnipeg General Hospital and the Brandon General Hospital. Two more ward supervisors for the "disturbed" female wards at Selkirk will also be provided.

In addition, funds have been set aside to improve laboratory facilities at the Brandon hospital, and the laboratory will be used for general public health work in that area as well as serving the hospital.

* * * *

Ontario Granted $65,000 to Train Doctors, Nurses

A contribution of $65,000 under the new national health program will assist doctors and nurses, nominated by the Ontario Health Department, to enter or to carry on advanced training in public health work. The plan will enable nine doctors, five veterinary surgeons and two dentists to take diplomas in public health, and one graduate in science to take a M.Sc. degree. Thirty-eight graduate nurses will receive financial aid toward obtaining certificates in nursing education, clinical supervision, public health nursing and administration.

* * * *

Federal Plan Aims at Mental Treatment in the Home

With a grant of $178,000 from the federal government, the University of Toronto is launching an extensive program to train mental health personnel. With the emphasis on better qualified rather than more numerous trainees, most of the money will go toward training and research fellowships, and the rest will be devoted to strengthening the teaching staff and providing facilities for instruction. The scheme involves the departments of medicine, psychology, psychiatry, social work and nursing, and eventually will touch every phase of community life. Field workers from the university will go into hospitals, homes, schools, the family court, industries, and homes for the aged, combatting mental disorders before they reach serious stages.

* * * *

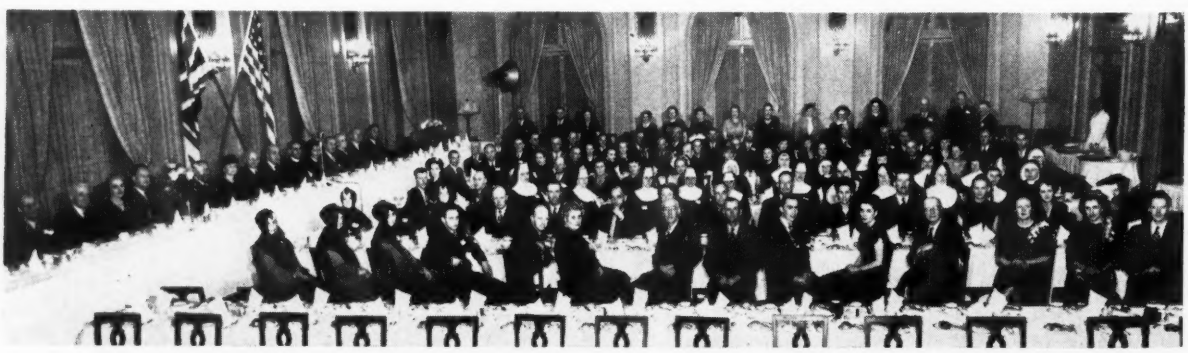
Eastern Provinces Benefit by Tuberculosis Grants

Under the national health program, extensive anti-tuberculosis projects in New Brunswick and Prince Edward Island will provide, free of charge, treatment with streptomycin, clinical laboratory service, and diagnostic x-ray service. Funds have also been earmarked for projects including free drugs for supportive treatment at tuberculosis clinics, the purchase of new equipment and additional medical and clerical staffs to administer the expanded volume of work. In New Brunswick, the total allocation for tuberculosis control is $142,598 and in Prince Edward Island it is $46,774.

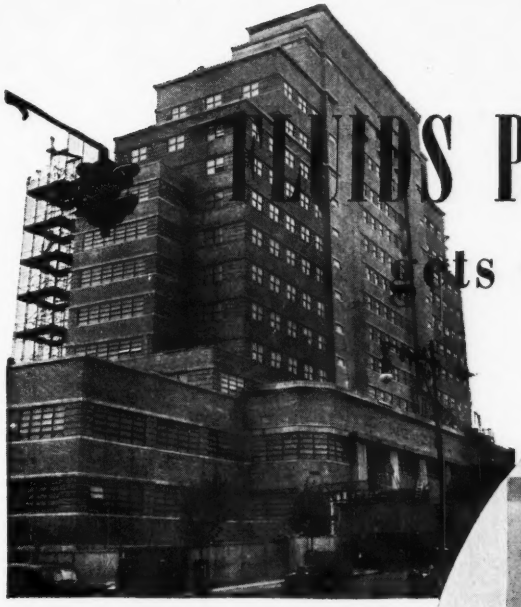
* * * *

P.E.I. Sets Up Free Cancer Clinics

Two cancer diagnostic clinics will be established in Prince Edward Island with funds allotted to that province under the national health scheme. The clinics, controlled and operated by the provincial Department of Health and Welfare, will be staffed by medical and clinical experts and will be equipped to aid the general practitioner in diagnosing cancer.

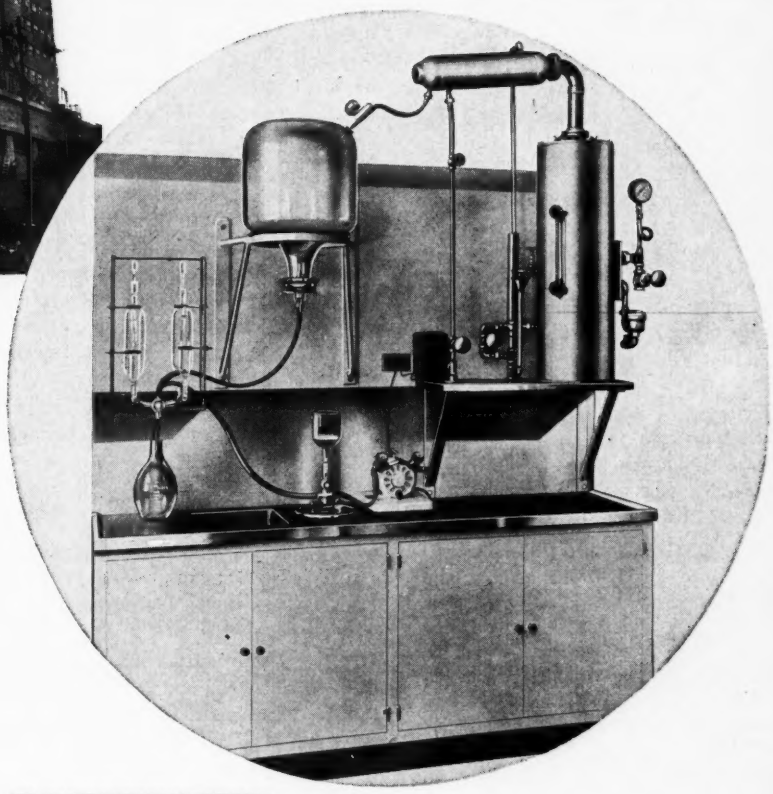


Pictured above are registrants who attended the banquet at the annual convention of the Saskatchewan Hospital Association held in Regina in October.



FLUIDS PRODUCTION SUPPLY

gets the *Green Light*



With the mounting demands for surgical solutions, whole blood and plasma, progressive hospital planning considers the economic importance of the FLUIDS PRODUCTION SUPPLY—a vital, centralized service embracing facilities for processing requirements independent of outside sources of supply.

FENWAL EQUIPMENT

not only offers unprecedented safety and economy in the preparation, sterilization, storage and administration of Sterile Solutions . . . a major part of its component elements are actually essential to the blood bank facility as well.

Nationwide hospital experiences substantiate the consistent degree of accuracy and safety attainable by any properly trained attendant . . . far less difficult than that of collecting blood and producing plasma. Hospitals, large or small, can benefit by this timely installation . . . only negligible space is required.

Fenwal

HEADQUARTERS FOR SCIENTIFIC GLASS BLOWING, LABORATORY AND CLINICAL RESEARCH APPARATUS, REAGENT CHEMICALS

Canadian Distributors

THE Stevens COMPANIES

Toronto, Winnipeg, Calgary, Vancouver

ORDER TODAY *or write for further information*

MACALASTER BICKNELL COMPANY

243 Broadway **Cambridge 39, Massachusetts**

Provincial Notes

Nova Scotia

HALIFAX. After an absence of three years from the city, Major A. Atkinson has returned as new superintendent of the Grace Hospital. Formerly on the staff of that hospital, he has filled the post of superintendent of the Grace Hospital, Calgary, for the past three years.

* * * *

POINT EDWARD. A million-dollar project is nearing completion in the building of the Naval Hospital at Point Edward. The hospital, to be used as a tuberculosis unit for Cape Breton Island, is being leased to the Nova Scotia government under terms providing for its return to the Navy in an emergency.

Quebec

LACHINE. The Lachine General Hospital has recently appointed Miss Janet Christina MacKay as superintendent of nurses. Born in St. Urbain, Quebec, she was graduated from the Royal Victoria Hospital, Montreal, in 1923, holding various positions on the staff. Enlisting with the R.C.A.M.C. in 1940, she served overseas with No. I Canadian Neurological Unit and returned two years later to become supervisor of the operating room at Rideau Military Hospital, Ottawa. She was awarded the Royal Red Cross decoration and held the rank of major at the time of her discharge in 1946.

* * * *

MONTREAL. The Jewish General Hospital is undertaking an extensive expansion program which it is estimated will cost in the vicinity of $3,000,000. The first stage of the project provides for the immediate construction of a new nurses' residence and training school, which will accommodate 125 student and graduate nurses, each in single rooms, and will contain facilities for a modern scientific nursing course—science and dietetic laboratories, class and demonstration rooms. A particular feature of the school will be a large auditorium seating 430 persons, which can be used as a lecture hall for nurses and for medical staff conferences. The second stage of the construction will add a minimum of 100 beds in an extension to the present building increasing the capacity of the hospital to 285 beds. Plans are also being made to connect auxiliary services to include new operating rooms, x-ray laboratories, and facilities for research in all fields of medicine. The new interns' home will quarter 25 doctors, an increase of 15 to the hospital staff.

* * * *

QUEBEC. Founded in 1943 by Dr Couture and Dr. Bourgault, Bellevue Hospital has become the property of the Sisters of St. Joseph of St. Vallier. It is hoped that the hospital will be able to accommodate 100 bed patients in the near future. The personnel as well as certain services will be housed in the nearby Chateau Ste-Foy.

* * * *

WESTMOUNT. In an effort to carry out a program of alteration and expansion, the Herbert Reddy Memorial Hospital has undertaken its first general campaign since 1927 to raise a minimum of $295,000 from the community. As well as the erection of a new wing with accommodation for 75 patients, the improvement scheme calls for the remodelling of the pathological laboratory, the physiotherapy department and the nursery, the addition of a case room and of sunrooms, and the replacement of two decrepit boilers.

Ontario

GODERICH. Miss M. Dickson, who for the past six years has been superintendent of the Alexandra Marine and General Hospital, has resigned to accept a position as superintendent of the Lady Minto Hospital at Chapleau, Ontario. Miss Helen Black, assistant superintendent, has been appointed to succeed her.

* * * *

LINDSAY. Miss E. Reid, for some time superintendent of the Ross Memorial Hospital, has tendered her resignation to the board of governors.

* * * *

LONDON. Sixteen graduate nurses, enrolled in the Unversity of Western Ontario's new post-graduate course in nursing supervision, are studying practical work on the public wards of the Victoria Hospital. Supervision of the class while at the hospital is under the direction of Miss Ruth Thompson, newly appointed director of nursing and her assistant, Miss Margaret McLean, of the School of Nursing. The university and hospital joint relations committee will assist in regulating the progress of the course and will decide, after the first year, whether to continue the course in the future.

* * * *

LONDON. The 60th anniversary of the St. Joseph's General Hospital was the occasion of an announcement that plans are under way for a new 200-bed hospital for the chronically-ill to be built by 1950. The six-storey building, containing therapy departments, library, auditorium and cafeteria, will relieve pressure on the main hospital by housing patients with long term illnesses who do not require active treatment.

* * * *

PORT ARTHUR. Once the site has been chosen, an early start is expected on the construction of a mental hospital at the lakehead. The institution will contain at least 1,600 beds with a cost amounting to about $1,600,000.

* * * *

PORT PERRY. A sign reading "No patients will be admitted to this hospital after Oct. 31 until further notice" tells the fate of the 15-bed Port Perry Hospital, closed because of the shortage of nursing personnel. Operating as a private institution, the hospital in the past has served a community of over 6,000 residents. The Ontario Department of Health has

Pyrene Fire Extinguishers—the BEST in fire protection—make much appreciated Christmas gifts, because they are quick, easy to operate, and sure in action. Do your part to make this a Merry and a SAFE Christmas . . . in the HOME as well as in the HOSPITAL.

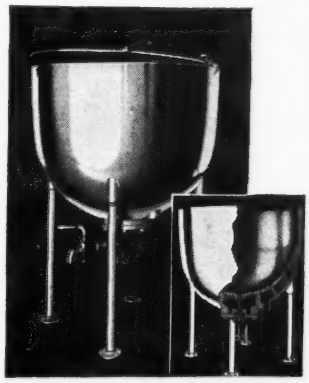
Pyrene Manufacturing Company
OF CANADA LIMITED
91 EAST DON ROADWAY
Toronto

For Swifter, Cleaner Kitchen Service . . . use

SULLY CAST ALUMINUM

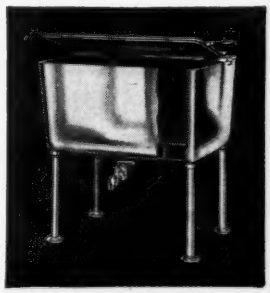
Here are 8 reasons why Sully cast aluminum will increase efficiency and insure sanitation in YOUR kitchen.

1. SAVE UP TO ONE-THIRD ON FUEL.
2. No seams, rivets or corners, therefore, ease of cleansing.
3. Liberal thickness and texture means even distribution of heat.
4. Heavy cast tight fitting lids control cooking odors.
5. All flavor laden vapors retained.
6. Less food shrinkage.
7. Completely sanitary.
8. Practically indestructible.



Steam Jacketted Kettles; cast cover securely fastened to kettle. Designed for 40 pounds or less steam pressure.

Deep Stock Pots; with or without spigot. Your choice of cast aluminum or steel spun covers.



Steam Roasters; one piece construction for quick heating, easy cleaning. Unusually small amount of shrinkage in meats.

Sully

For further details phone LY. 5495 or write us

FOUNDRY DIVISION (NEPTUNE METERS LIMITED) - LONG BRANCH, ONTARIO

taken the matter into consideration and it is expected that the hospital will reopen as a public hospital under the Public Hospitals Act.

* * * *

PORT COLBORNE. The coming spring will see the beginning of construction on the Port Colborne General Hospital, a project which has been delayed for four years owing to high costs. There will be space for 62 beds and 20 infant cubicles and the total cost is now estimated at $700,000.

* * * *

STRATFORD. With the laying of the corner-stone, Stratford's new General Hospital passed a milestone. November marked another event in the life of the hospital when citizens entered a campaign to raise the $150,000 required for furnishings. The new institution may become the health centre for a considerable district surrounding the city, and the suggestion has been made that the high and dry altitude would make it an ideal centre for the treatment of poliomyelitis.

* * * *

WINDSOR. Crowding has reached the worst point in the Metropolitan General Hospital's history which, with a capacity of 113 beds, has in recent weeks tried to care for 160 patients. Beds are placed in rows in hallways and in some cases the maternity ward is used for non-infectious patients. This has resulted in lack of privacy and in hampering the efficient care by nurses and doctors. Patients and doctors are being asked to postpone hospitalization unless absolutely necessary.

Manitoba

KILLARNEY. The first cheque to be issued under the federal plan to assist hospital construction has been forwarded to the Killarney and District General Hospital. The $5,000 cheque will mark the beginning of the new program which makes available $13,000,000 for construction throughout Canada. The 30-bed hospital was almost complete on April 1 when the federal grants came into effect; hence it did not qualify for the full $1,000 a bed provided for in the scheme.

Saskatchewan

ST. WALBURG. In their determination to have a hospital and despite lack of government aid, residents of St. Walburg and surrounding districts are proceeding to finance and build their own hospital. A total of $5,706 was raised through local donations during the summer alone and many hours of volunteer labour resulted in the framework of a 10-bed building.

Alberta

DRUMHELLER. New installations and improvements have modernized the kitchen of the Drumheller Municipal Hospital. The former spacious kitchen is now divided into three rooms each serving a specific purpose, with a separate section provided for special diets. Features of the new kitchen are an electric dishwasher, electric bread slicer, food mixer, up-to-date refrigeration, and a chute to the storeroom.

* * * *

LETHBRIDGE. Returning from England where he has been taking post graduate work, Dr. A. H. Mercer will assume the duties of pathologist in Lethbridge, Alberta, working in both the Galt Hospital and St. Michael's Hospital.

Dr. Mercer is a native of Halifax and a graduate of Dalhousie University. Before going to England he was assistant pathologist at the Regina General Hospital and at the Saskatchewan Cancer Clinic. It is hoped that the employment of a pathologist will give added impetus to the establishment of a cancer clinic at Lethbridge, plans for which are now under way.

* * * *

EDMONTON. It has been announced that the $2,500,000 extension to the University of Alberta Hospital will go under construction immediately. In the shape of an L, the new wing will provide accommodation for 365 bed patients and will include the present temporary buildings used for maternity and paediatric wards.

British Columbia

FERNIE. Construction of Fernie War Memorial Hospital is progressing well ahead of schedule and its opening is planned for the late spring. The three-storey building is modern in design and will cost more than $228,000 when completed.

* * * *

NEW WESTMINSTER. It is hoped that within the next few months, the Royal Columbian Hospital will have an intern staff of medical graduates. The new $1,500,000 hospital wing, in the last stages of construction, will expand the facilities of old departments or provide for new ones, and these will be made available for teaching and research. Dr. P. S. Rutherford has been appointed pathologist.

* * * *

VANCOUVER. A medical health centre for children has been opened at the Vancouver General Hospital to provide free treatment to needy children. Working according to a timetable which includes everything from paediatric to orthopaedic clinics, the doctors make diagnoses, give minor medical treatment, arrange for operations in the main hospital, order prescriptions and tonics where necessary, and prescribe extra milk from the Kinsmen's Milk Fund.

Electric Generators Available

Dr. A. E. Archer of the Lamont Public Hospital, Lamont, Alta., informs us that, now that the hospital has gone over to alternating current, they have available for disposal two direct current Beliss-Morcom steam-driven directly-connected generators. These are of 15 KVA and 25 KVA capacity.

Though Hospitals Apart
Couple Hold Annual Tryst

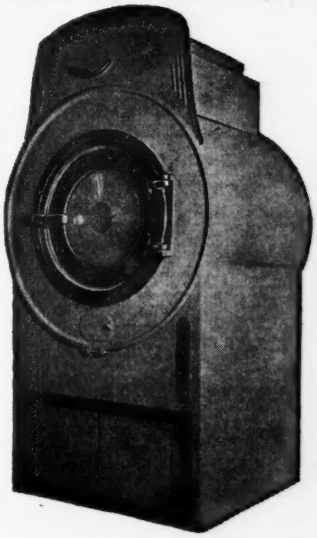
Although they are hospitals apart, a devoted couple in Vancouver hold their yearly reunion to celebrate a birthday and their wedding anniversary. According to tradition, on October 6th a patient of Shaughnessy Hospital visited his wife at Marpole Infirmary to mark their 63 years of married life and her 83rd birthday.

Meals are the events of the day upon which all time is reckoned.—*Muriel J. Westney, Dietitian, St. Joseph's Hospital, Toronto.*

THIS RAPID TUMBLER DRYER

Is Needed in Every Hospital Laundry

Rapid Loading—Rapid Drying—It Speeds up the laundry work — No waiting for clothes to dry.



No. 2 Rapid Tumbler Dryer — capacity 26 pounds of dry clothes in 30 to 45 minutes. Cylinder 36" diameter, 24" deep. Supplied with steam, electric or gas heater.

No. 3 Rapid Tumbler Dryer — capacity 32 pounds. Cylinder 36" x 30". Equipped with gas or steam heater only.

•

Write for catalogue and price list of Complete Laundry Equipment.

J. H. CONNOR & SON LIMITED

10 LLOYD STREET - - OTTAWA, ONTARIO

WINNIPEG
242 Princess St.

MONTREAL
4026 St. Catherine W.

G. H. Wood Makes Appointments

Geoffrey H. Wood **W. E. Vaughan** **Walter J. Evans**

Geoffrey H. Wood, President and General Manager of G. H. Wood & Company Limited, of Toronto, announces the appointment of W. E. Vaughan as Vice-President and Secretary-Treasurer. Mr. Vaughan was previously Secretary-Treasurer. At the same time Mr. Wood announces the appointment of Walter J. Evans, who has been in charge of sales, to the position of Assistant General Manager. In addition to providing "Sanitation for the Nation" through twenty-seven Canadian branches, the organization is now promoting the extensive sale of G. H. Wood products in the United States.

Hospital Ethics

(Concluded from page 38)

Hospital must be detectable in every department, and in every fraction of the department's activity. It is the unifying, the integrating, the only truly significant feature of the Catholic hospital."

Pope Pius XII, speaking to the International College of Surgeons in Rome, emphasized that there are cases "in which the moral law imposes its veto . . . . God alone is the Lord of Life."

In the official Code of Ethics of hospitals in general, from which I have been quoting, the section on "Religious and Moral Codes" simply reads:

"Hospitals shall give courteous consideration to special requests in the interest of the religious practices of the patients which are intended to bring them peace of mind and spiritual consolation."

"In all hospitals operated by a church organization and for all patients who are members thereof, it is expected that the Moral Code of that denomination be observed."

In 1919, under the guidance of its founder, the Reverend Charles B. Moulinier, S.J., the Catholic Hospital Association formulated what became known first as a "Catholic Code of Ethics" and, later, as a "Surgical Code". Actually it is a somewhat limited code as it deals primarily with certain surgical and obstetrical practices and situations. Also, several of the Catholic dioceses have prepared their own Codes for the guidance of their hospitals. One which has received much favourable notice in the past couple of years is that of the Diocese of Hartford, prepared by the Diocesan Director of Hospitals, Reverend Lawrence E. Skelly.

As with all Codes that are brief and deal with principles rather than extensive details of application, interpretation has varied. This, however, is being lessened, as widespread approval is being given to well prepared interpretations. For example, the statement by the Reverend Timothy L. Bouscaren, S.J., with respect to ectopic operations* would seem to be generally favoured rather than the more severe opinion advanced by Antonelli, Noldin-Schmitt and others.

The author summarizes: "The removal of a pregnant fallopian tube containing a non-viable living foetus, even before the external rupture of the tube, can be done in such a way that the consequent death of the foetus will be produced only indirectly. Such an operation may be licitly performed if all the circumstances are such that the necessity for the operation is, in moral estimation, proportionate to the evil effect permitted. But in all such operations, if the foetus be probably alive, care must be taken to baptize the foetus immediately, at least conditionally." Repeatedly he stresses, "If the present operation offers a notably greater probability of saving the mother's life, the operation will be permissible."

Interpretations of the Moral Code have been greatly aided by such publications as *Hospital Progress, The Linacre Quarterly, The Ecclesiastical Review* and *Theological Studies,* and by Father McFadden's *Medical Ethics for Nurses.*

With reference to these "interpretations", Father Gerald Kelly, S.J., writing in *Hospital Progress,* points out that: "This does not mean that moral principles change . . . . It is definitely erroneous to state that the Church has changed her stand on any principle pertinent to ectopic operations. On the other hand, it is quite correct to say that opinions of the theologians concerning the application of principles have been modified as medical facts became better known, not only by the theologians, but also by the physicians themselves."

There is widespread interest in the progress being made in revising and broadening the "Surgical Code". This is to be a Code, to quote Reverend A. M. Schwitalla, "which will encompass not merely operative procedures in certain selected fields but which will touch upon all the fields of broad medical, nursing, administrative and general hospital practice. The interest of Catholic morality in the hospital is by no means restricted to the operating room." Among the subjects not covered by the present code are: narcotherapy, x-ray treatments (for instance, of the ovaries in cancer of the breast), frontal lobotomy, artificial insemination, the giving of birth control information and factors in the religious care of patients. These are being covered now in some of the diocesan codes. A number of these points have been considered by Father Kelly in his excellent articles in *Hospital Progress* and have been included in the preliminary draft of the new Code presented by Father Kelly for discussion at the recent Cleveland Convention of the Catholic Hospital Association.

Conclusion

It has been possible in this limited space to touch on a few points only of the many which might have been discussed. While principles remain constant or undergo slow revision, the applications of these principles may change as rapidly as new situations are created. With reference to the general Code of Ethics applicable to all hospitals, it has been said that for a person of culture with a sense of social and moral responsibility no code of ethics is necessary. That may be true for many but we must recall that hospital personnel, including those in executive positions, are drawn from diverse backgrounds of education, social contact, and ethical viewpoint. Because of this factor our hospital associations would seem to have used good judgment in formulating and recommending the adoption of a basis of personal and institutional relationship which should do much to raise still further the efficiency of our hospitals and the confidence of the public in the great work which is being done.

---

*"*Ethics of Ectopic Operations"—Rev. Timothy L. Bouscaren, S.J., 2nd edition, Loyola University Press, Chicago. See also "Hospital Progress", Jan. 1934, and "The Linacre Quarterly", Oct. 1945, pp. 19-22.*

Winnipeg Clinic Will Save Lives of Mothers and Babies

The Red Cross blood clinic, now being established on Memorial Boulevard in Winnipeg, will open next spring to provide free Rh tests and blood bank services for mothers. It is hoped that this service will result in a considerable reduction of maternity and infant mortality.

The New

O.E.M. MECHANAIRE*

ICELESS OXYGEN TENT

has been approved by

The CANADIAN STANDARDS ASSOCIATION

C.S.A. Approval No. 8775

Only the New

O·E·M

MECHANAIRE

Offers These

8 EXCLUSIVE FEATURES

1. **ALL ALUMINUM CONSTRUCTION— Inside and out—no corrosion.**
2. **LIGHTEST—weight, 190 lbs.—easily portable.**
3. **FILTERED AIR—removes lint and pollen.**
4. **NO DEFROSTING NECESSARY—specially designed aluminum coil.**
5. **NO GALE CIRCULATION— Double air delivery.**
6. **WITHOUT PROJECTING RUBBER OR METAL DUCTS—assures accurate control.**
7. **HEAVIEST GAUGE FULL BED CANOPY— the OEM Cleerlite Transparent PERMANENT Canopy. C.S.A. Approval No. 8775.**
8. **OEM TEMPERATURE CONTROL— Guaranteed accuracy within 1°.**

For full information on the new MECHANAIRE, write for our illustrated folder C.

CANADIAN REPRESENTATIVE
Cooper Campbell
503 Terminal Warehouse Bldg.,
Toronto, Ontario

***Registered**

OXYGEN EQUIPMENT MFG. CORP.

405 EAST 62nd STREET • NEW YORK 21, N.Y., U.S.A.

Community Hospitals

(Concluded from page 28)

hospital encourages medical teamwork, greater co-operation, more frequent casual contact, and informal consultation.

The problems of the medical staff vary inversely as the size of the hospital. Where the doctors are sufficient in numbers, staff organization is likely to be more complete, clinical competition more keen, consultation more frequent, surgery more specialized, histories more carefully written, and social intercourse with its mellowing influence more intimate. Yet even the smallest group of doctors, with some moral suasion from the board and superintendent plus leadership, can organize a hospital staff, and its activities will do much to resolve the age-old short-comings of the individualistic practitioner.

Public Relations

In its public relations, the greatest asset of any hospital is the satisfied patient. Particularly is this so in the small community where news travels fast. Increasing the number of satisfied patients calls for the combined efforts of the board, the superintendent, attending doctor, dietitian, nursing and domestic staff and last, but by no means least, the secretarial staff. The key person in this co-operative effort is the one who first meets the patient or visitor. The friendly, helpful attitude of the switchboard operator or the receptionist, be she secretary, nurse, or matron, can do much to create an atmosphere favourable to goodwill. All other staff members having contact with patients should be embued with this desire to render kind and thoughtful service.

The most frequent complaint of hospital patients concerns food. The influence of the dietitian is obvious. Meals should be appetizing, trays attractive, food served hot from heated food conveyors outside the patient's door, and servings should be as plentiful as the patient's condition and appetite warrant. It is poor economy to stint on this class of expenditure.

The usual avenues of publicity should not be neglected. News items, discreetly censored by some member of the hospital staff, are helpful in keeping before the public the services rendered by the hospital.

Open house on May 12th—the date recognized as hospital day to commemorate the birthday of Florence Nightingale—may be held with minimum inconvenience and maximum goodwill by leaving the arrangements in the hands of the women's auxiliary.

As accidents are a possibility in any hospital, the need of public liability insurance should not be overlooked.

Raising funds the hard way—that is, by public appeal annually—has a public relations value quite apart from the monetary return.

Requiring financial assistance is something for which a hospital board need not feel ashamed. "The modern community hospital under voluntary auspices is a middle-of-the-road merger of the charity institution and a private facility. It sells service when it can, to patients who are willing and able to pay, and gives service—at community expense—to those who cannot pay." It has been stated that approximately one-quarter of the budget of the all-over cost should be contributed by the community either as per diem payments for indigent patients, grants from public funds, or voluntary subscription. This proportion might be kept in mind when considering the pros and cons of high or moderate private patients' fees, the raising of which increases the proportion of those who must be admitted at public expense.

Seldom is it easy to get each section of the area served by the hospital to assume its fair share of the amount which must be raised from public funds. The more remote a municipality or section is from the hospital building, the less spontaneous is its help. The problem can be met, however, by full representation on the governing body, by direct personal appeal to the people concerned or their elected representatives, and by repeated reference in the local press to the day-to-day accomplishments of "our" hospital.

Co-ordination

In reviewing these problems, one is reminded often of the benefits which would accrue to small hospitals if, for each logical area, there were some co-ordinating body to lend a hand. To the individual community hospital such a body could be helpful in estimating the need of a new hospital, in picking a site and drawing up plans, in finding specialized personnel, in obtaining affiliation with larger institutions, in promoting fullest co-operation from the medical staff, and in improving public relations. Its principle function, however, would be to classify hospitals, define their limitations, direct the movement of major illnesses toward the larger institutions and generally supervise the over-all co-ordination of hospital activities within its area. Such supervision would assure most economical use of hospital facilities and public funds and absolve the small community hospital from any suspicion of overstepping its function.

HOSPITAL ENGINEER AVAILABLE

Extensive and varied engineering experience, highest qualifications, exacting technical training. Indentured apprenticeship. Chief engineer of 600-bed Prairie Hospital for 10 years, age 45 years. Must change to coast climate for family health reasons. If you have power house or organizing problems, write Box 901 M, The Canadian Hospital, 57 Bloor St. W., Toronto 5, Ont.

SUPERVISORS WANTED

First and Second Assistant Night Supervisor for Maternity Division—Mount Hamilton Hospital, Hamilton, Ontario. Forty hour week. First Assistant salary, $1,740.00 — $1,920.00 yearly. Second Assistant salary, $1,620.00 — $1,800.00 yearly, with full maintenance living in, or $360.00 yearly added if living out. Reply to Miss C. E. Brewster, Superintendent of Nurses, Hamilton General Hospital, Hamilton, Ontario.

QUALIFIED OPERATING ROOM NURSE

for 188 bed hospital. Gross salary $170 less $30 maintenance per month. 44 hour week. General Duty Nurses. Salary $115 plus full maintenance with $5 increase each six months up to $130. 44 hour week. Apply to Acting Superintendent of Nurses, General Hospital, Medicine Hat, Alta.

SUPERINTENDENT WANTED

to take complete charge of 50 bed General Hospital with School for Nurses. Application giving full details of education, post-graduate training, experience and reference should be sent to Secretary of the Board of Trustees Miramichi Hospital, Newcastle, N.B.

SUPERINTENDENT WANTED

Applications are invited for the position of Superintendent of the Ross Memorial Hospital, Lindsay, Ontario. Duties to commence as soon as possible. Give full details of experience, qualifications and salary expected in first letter—replies confidential. Address replies to F. L. Weldon, Esq., Secretary, Ross Memorial Hospital, Court House, Lindsay, Ontario.

ARMSTRONG'S RUBBER TILE

Available in full supply

Two complete lines of rubber tile now offered in Canada by Armstrong

ARMSTRONG'S RUBBER TILE

This is the same Rubber Tile which was well known in Canada prior to the war as Armstrong-Stedman Rubber Tile. This tile incorporates the unique cotton-fibre reinforcement feature which provides the exceptional durability for which it has long been famous.

Armstrong's Rubber Tile (formerly known as Armstrong-Stedman Rubber Tile) has been installed in many prominent buildings in Canada. A large number of these installations are still giving completely satisfactory results after more than 20 years of service.

Where an outstandingly beautiful and durable flooring material is desired to help create a rich and restful atmosphere, we suggest that you specify Armstrong's Rubber Tile.

ARMSTRONG'S "ROYAL NORTH" RUBBER TILE

This is a new line of Canadian-made Rubber Tile which we are offering for the first time. With distinctive graining and colours, it is known as Armstrong's "Royal North" Rubber Tile to differentiate it from the older line.

"Royal North" Rubber Tile has been perfected after many months of effort and we are proud to introduce it to the Canadian building trade. It has passed all laboratory tests with flying colours and we feel it represents a worthy addition to Armstrong's resilient tile flooring Materials.

It is available in twelve patterns, and can be installed on all types of suspended sub-floors except where excess grease or oil may be encountered.

When you specify resilient tile flooring, specify Armstrong's for highest quality Asphalt Tile, Rubber Tile or Cork Tile. For additional information on Armstrong's Rubber Tile or Armstrong's "Royal North" Rubber Tile, telephone our nearest district office or write to:

ARMSTRONG CORK CANADA LIMITED

6911 DECARIE BOULEVARD FLOOR DIVISION, MONTREAL 29, QUEBEC

Branches:

TORONTO WINNIPEG VANCOUVER QUEBEC SAINT JOHN, N.B.

Canadian Medical Record Librarians Hold Annual Convention in Toronto

The fourteenth annual conference of the Canadian Association of Medical Record Librarians was held on November 1st and 2nd at the Royal York Hotel in Toronto. Delegates from Quebec, New Brunswick and Ontario were present.

In the course of a well-arranged program, Dr. Leonard Bradley, School of Administration, University of Toronto, spoke on "Personnel Relationships"; "Documentation of the Wounded in War" was the subject of an address by Dr. D. L. C. Bingham of Queen's University; Miss Mildred I. Walker spoke on "Public Relations"; and Dr. Ian McDonald, D.V.A. Toronto District, discussed the "Medical Record Committee". A round table session was conducted by Dr. Malcolm MacEachern and Dr. Harvey Agnew.

Over thirty delegates attended an association banquet on Monday evening. The guest speaker was Dr. A. I. Willinsky who showed a splendid coloured movie entitled "Trinidad Trails".

Officers elected for the coming year are as follows:

President: **Miss Mary O'Sullivan, Toronto Hospital, Weston.**

Pres.-elect: **Miss Genevieve MacDuff, St. Michael's Hospital, Toronto.**

1st Vice-president: **Sister Bernice Hughes, Hotel Dieu, Kingston.**

2nd Vice-president: **Mrs. Grace Cockrem, Winnipeg General Hospital, Winnipeg.**

Recording Secretary: **Miss Laura Larkin, Sunnybrook Hospital, Toronto.**

Financial Secretary: **Miss L. Johnstone, Hamilton General Hospital, Hamilton.**

Councillors: **Miss Christine Hood, Kingston General Hospital, Kingston; Mrs. J. Plenderleith, Kingston General Hospital; Miss Stella Hall, Toronto General Hospital; Miss Rita Redmond, Victoria Hospital, London; Miss Isobel Marshall, Brantford General Hospital, Brantford.**

Bones are supposed to be filled with red or yellow marrow; in reality they are full of black ingratitude.—*C. B. Lockwood.*

Inadequate Nutrition

(Concluded from page 48)

injuries; vitamin B_1 is destroyed in increasing amounts.

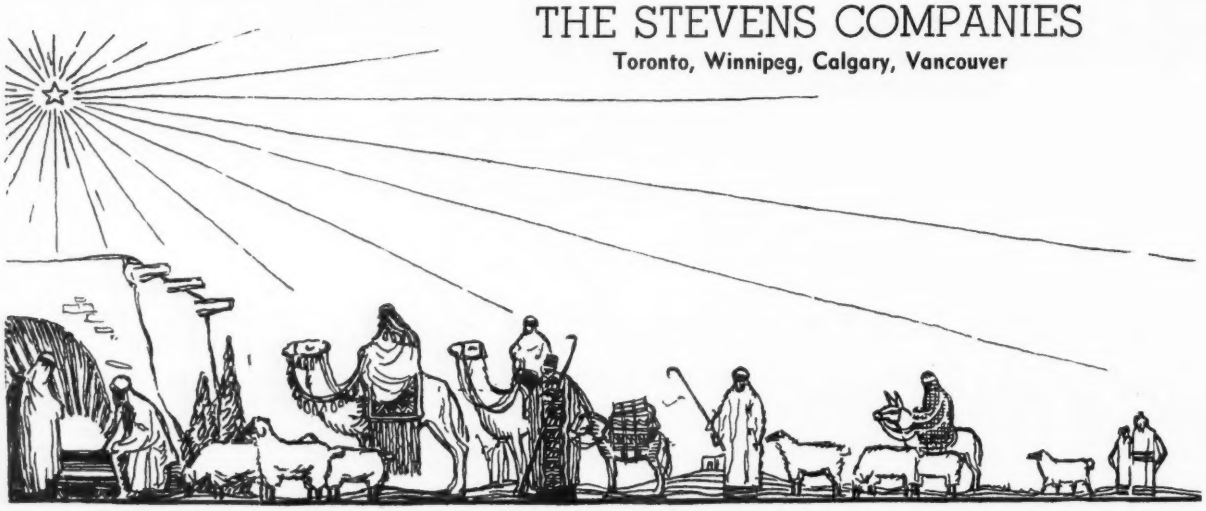
It is not known to what extent this is a factor in the production of pain and body aches which in general are aggravated by a natural tendency on the part of aged persons to eat less; but it is obvious that no increased intake of these food elements will do much good unless the achlorhydria is corrected at the same time. By the few examples cited, I trust I have shown that contributing factors are a major aspect of nutrition—that adequacy of food intake does not necessarily imply that adequate nutrition will follow. I trust, too, that I have emphasized the importance of co-operation between the dietitian and physician, whatever the problem in nutrition may be—whether in the treatment of the sick, in the feeding of workers exposed to industrial poisons, in community-feeding projects or in public health projects in general—for the contributing factors which may influence nutrition are not restricted to disease but are met with both in health and disease.

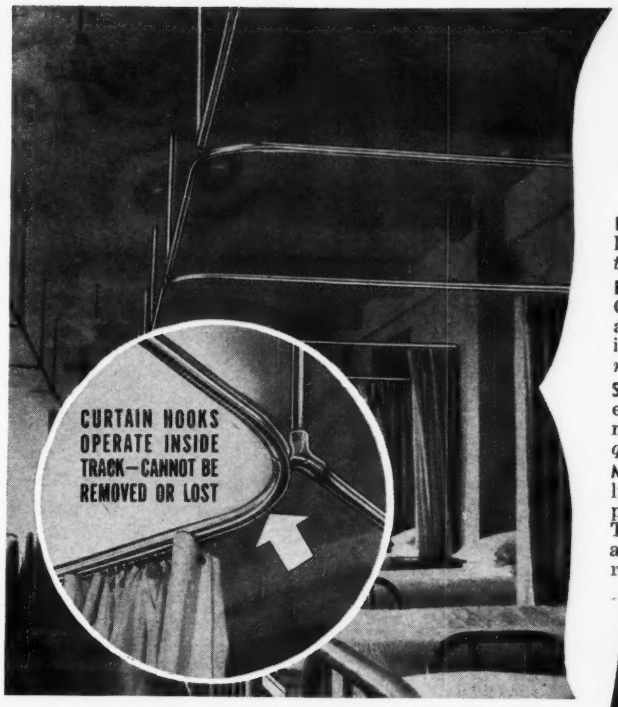
Christmas Greetings

It has been a privilege and a pleasure to have served you during the past year. We sincerely appreciate having your goodwill, and the opportunity to work with you in furthering the interests of the hospitals and sanatoria throughout Canada.

THE STEVENS COMPANIES

Toronto, Winnipeg, Calgary, Vancouver





CAPITAL
Streamlined-Noiseless
CURTAIN CUBICLES

LOW COST: The initial cost of Capital Cubicles is the lowest in the market. *There are no maintenance costs to consider!*

EASY INSTALLATION: Any mechanic can install Capital Cubicles. They are delivered complete, each Cubicle and curtain numbered . . . with plan sheet and detailed instructions. *If desired, we will make installations at nominal cost.*

SMOOTH, EFFICIENT OPERATION: Capital Cubicle's patented features prevent hooks from catching or jamming . . . cannot scratch or mar finish. *Assure quick, quiet and dependable operation.*

MODERN DESIGN: Capital Cubicles are smartly streamlined in appearance. Cast brass and 14 gauge metal parts are chromium plated to U.S. Navy Specifications. The curtains, non-transparent and sanforized, are available in white and restful, fast colors; substantial rust-proof eyelets will not pull out or stain the cloth.

WRITE FOR ILLUSTRATED FOLDER C-11, include rough sketch of rooms, indicating bed positions. We will submit plans, specifications and cost. *No obligation, of course!*

CAPITAL CUBICLE CO., INC.
213 — 25th ST., BROOKLYN 32, N. Y.
TEL. SOUTH 8-9365 · AGENTS IN PRINCIPAL CITIES

SUPERWEAVE

G. A. Hardie & Co. LIMITED
TORONTO, ONT.

A dependable source of supply

Institution & Laundry TEXTILES

MEMBER · CANADIAN · RESEARCH INSTITUTE OF LAUNDERERS AND CLEANERS — TO SERVE YOU BETTER THROUGH SCIENCE

468 Wellington Street West, Toronto 2-B

EL. 3378

Book Reviews

MEDICAL MANUAL — A Handbook for Interns and Others. W. R. Feasby, B.A., M.D., medical assistant to the superintendent, Toronto Western Hospital, and lecturer in physiology, University of Toronto. Pp. 155. Price $2.25. University of Toronto Press—Saunders, Toronto. 1948.

This pocket-size book has been prepared for the use of interns, staff physicians, and senior medical students. It is based upon experience as an intern, resident, medical superintendent and practising physician. Dr. Feasby, after consultation with a host of his colleagues in a position to advise him, selected for inclusion that material which experience has shown to be most needed on short notice.

Longer chapters deal with *materia medica, diet, clinical methods* and *legal considerations.* Shorter sections consider orders, the code numbers in the Standard Nomenclature for the more common diagnoses, conversion tables and licensing body addresses. The manual is very practical. Common tests and procedures are described in detail, what should be routine procedure in the emergency department, operating room conduct, set-ups for trays, Schick and other tests, immunization requirements for persons going abroad, food values, antidotes, routine orders, Rh factor, et cetera. Extensive use is made of *The physicians' Formulary* and *The Canadian Formulary* which are official in this country. Both imperial and metric systems are used.

In addition to his administrative, teaching and consultation work, Dr. Feasby is medical historian for the recent War and is editor of *Modern Medicine in Canada.* The book is well printed and bound, and should be helpful in any hospital or doctor's office.

A.M.A. INTERNS' MANUAL. Prepared by the American Medical Association. Pp. 190. $2.50. W. B. Saunders Company, Philadelphia and London. Canadian agents, McAinsh and Company, Toronto. 1948.

This handy little volume is a further revision of the *A.M.A. Interns' Manual* of 1938 which, in turn, rose from the *Hospital Practice for Interns* of 1932. Several of the A.M.A. Councils and Bureaus contributed sections. Main chapters deal with general information, clinical and laboratory data, drug administration, materia medica, acute poisoning, diet and nutrition, and physical medicine. U.S.P. and N.N.R. drugs are described and dosages given. The section on physical medicine is well written. The chapters on the "Lawful Scope of Intern Practice", giving the law in different states, and on the American Medical Association, are of less interest in this country.

Compared to Dr. Feasby's Manual, it seems low on clinical methods and procedures, and higher on drug administration and materia medica. It can be well recommended.

LEITZ

LEITZ MICROSCOPES

—recognized the world over for precision and dependability—embodying the latest improvements that optical science can provide.

Write To-day for Descriptive Literature

Walter A. Carveth

LIMITED

388 Yonge Street, Toronto

Canadian Agents

MACEACHERNS' INTRODUCE *The Sensational new* FLOOR MACHINE...

Silver Boy 15"

SCRUBS — POLISHES — STEELWOOLS

THE completely modern design of the "Silver Boy 15" floor machine assures maximum results in scrubbing, polishing and steelwooling.

The "Silver Boy" is easily operated around furniture, up to bases, forward, backwards or sideways, all with little or no effort on the part of the operator.

Fully guaranteed . . . no belts to slip or wear out . . . C.S.A. approval No. 9702 . . . available in either 25 or 60 cycle.

MacEacherns' also produce the standard 15", 12" and 10" floor machines.

•

For further information write or telephone today.

Gordon A MacEachern

FLOOR FINISHING SPECIALISTS

15 ELM ST., TORONTO . . . AD. 7068

Nursing for the Future

(Concluded from page 42)

much by the increased number of these highly trained nurses that would be required, but by building up the practical nurse through more training, to do the major part of bedside nursing. We wish more of Dr. Brown's advisers had lived and worked elsewhere than in New York, Chicago, Washington, Boston, and other large cities and had held other than high executive positions in educational institutions or in national organizations.—*G.H.A.*

Attention to Laundry

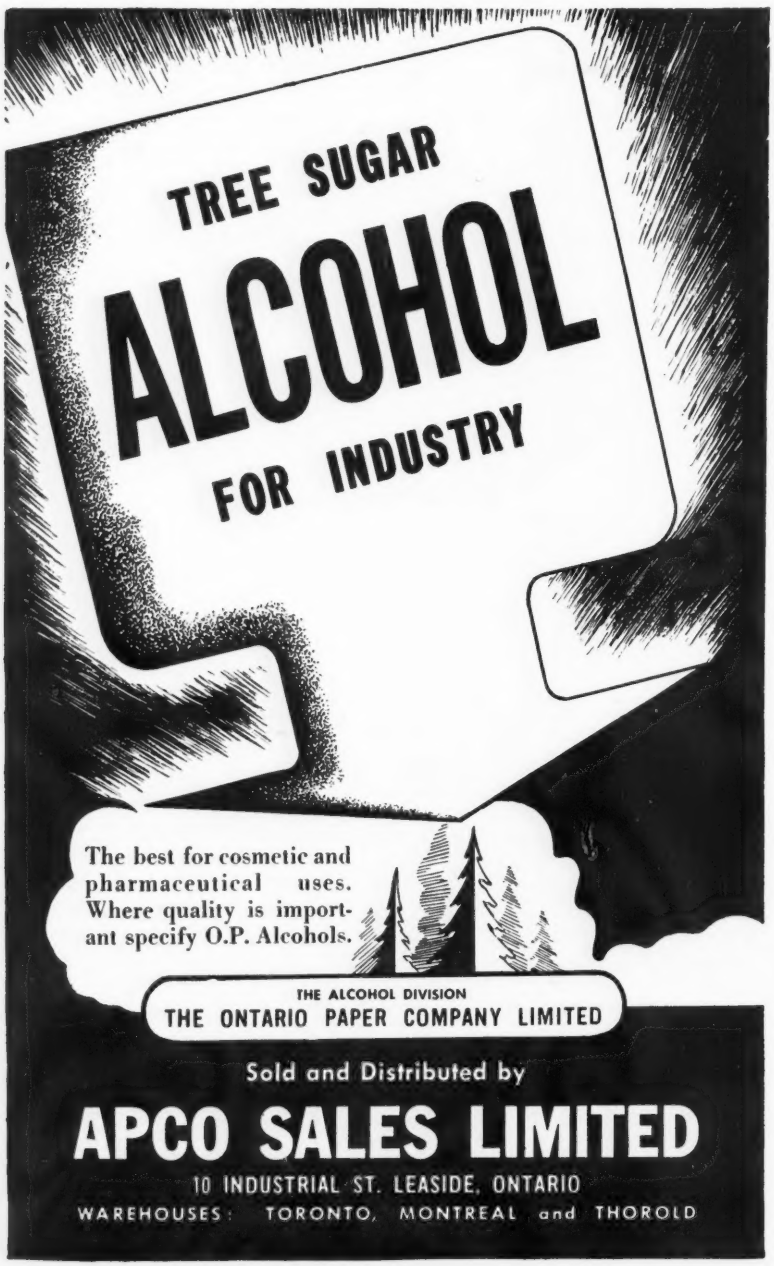
(Concluded from page 40)

It is well to remember that we get just what we pay for. If we expect good results from the laundry, then the laundry manager must be qualified and receive a satisfactory remuneration for his services. The laundry manager should be directly under the control of the superintendent of the hospital and should submit periodic reports on the operation of the laundry.

In this ever-changing world we should bear in mind that our main materials are human hands and human ingenuity. They are perfectly able to build and reflect the type of service which you yourselves want to have in your hospital unit.

Underlying this approach is a basic belief in human dignity. Too often the attitude of management toward labour has tended to draw lines of distinction. It has made easier the tasks of those who would incite industrial disturbances for political purposes. Actually, as we all realize, much of the talk of "class struggle" is entirely artificial. Labour blends at its higher levels into management. The differences from top to bottom consist chiefly in degrees of craftsmanship or responsibility. Instead of fighting or thwarting labour, let us make them part of a team working towards achievement.

Your hospital will reflect the standards of your laundering. Therefore, let us keep hospital laundry standards high.



Coercion in Alberta

(Concluded from page 36)

federal government has taken the position that details of control are matters to be decided by the province; if this is the way the province wants it, that is satisfactory to Ottawa. As a result several large hospitals serving important urban centres and planning extensions are likely to be denied the federal money which they feel is rightfully coming to them, because they do not wish to conform to this dictum. This is far from just and should be given the attention of the federal, as well as the provincial, government.—*G.H.A.*

Ontario Alcoholics May Have Special Hospital

In the near future the Ontario cabinet will consider a plan which calls for a government grant toward the establishment of an institution in Toronto for the treatment of alcoholics, according to a statement by the Minister of Health. For this purpose, a large home could be converted to house 25 to 30 patients, each paying according to his means. A commission made up of representatives of Alcoholics Anonymous and interested business men would operate the institution and recommend a suitable manager.

3-in-1 DELIVERY
Costs You Less!

WEST'S
LUSTRE-CLEAN
TRIPLE-PURPOSE FLOOR CLEANER
CLEANS • DEODORIZES • LIGHTLY WAXES

Maintenance men in leading hospitals agree that no floor cleaner delivers better or more economical all-around performance for your money than Lustre-Clean. In one quick, easy operation Lustre-Clean simultaneously *cleans, lightly waxes, and deodorizes* floors in corridors, wards, offices and operating rooms. Also, it protects against slipping—keeps the floor-surface looking better longer—all without polishing or rubbing.

Lustre-Clean makes all dirt and grime disappear to be replaced by a fresh, glossy wax finish which brings up the natural beauty of your floors. Hard-to-remove footprints vanish like magic. If you'd like further information on this safe, effective, money-saving floor cleaner, contact one of West's large nationwide staff of trained sanitation specialists at once.

PRODUCTS THAT PROMOTE SANITATION

WEST DISINFECTING Co. Ltd.

5621-27 CASGRAIN AVE., MONTREAL, P. Q.
Calgary · Edmonton · Fort William · Halifax · Regina
Saint John · Saskatoon · Toronto · Vancouver · Winnipeg

CLEANSING DISINFECTANTS · INSECTICIDES · KOTEX VENDING MACHINES
PAPER TOWELS · AUTOMATIC DEODORIZING APPLIANCES · LIQUID SOAPS

Complete Supplies of

LINENS
COTTONS
ETC.

for Hospitals and Institutions

Table Damask
Table Cloths **Serviettes**
Huck Towels, Towelling
Bath Towels, Towelling **Glass Towels, Towelling**
Dish Towels, Towelling
Crash Towels, Towelling **Sheets**
Sheeting **Pillow Cottons**
Slips **Pillows** **Mattresses (Hospital)**
Blankets **Bed Spreads** **Silence Cloths**
Flannelette (White and Striped)
Curtains and Nets **Square & Bib Aprons**
Rugs **Table Cloths, Plasticide**
English Vitrified Crockery
Flatware

HOTEL & HOSPITAL SUPPLY CO.

32 Front St. West **Toronto**

Sales Representatives:

Columbia-Orient Export & Import Co. Ltd.
29 West Pender Street, Vancouver, B.C.

Sydney C. Miller & Co.
179 Prince William Street, Saint John, N.B.

Saskatchewan Conference Elects New Officers

At the annual meeting of the Catholic Hospital Conference of Saskatchewan which was held in October, the following officers were elected for the coming year.

President: Sister Mary Irene, Holy Family Hospital, Prince Albert.

Vice-president: Sister Pulcheria, St. Elizabeth's Hospital, Humboldt.

Secretary-treas.: Sister Mary Julienne, Holy Family Hospital, Prince Albert.

Councillors: Sister M. Farley, Sister Lachence, Sister Marie Paul, and Sister Flavian.

Officers Elected by Manitoba Catholic Conference

At the annual convention of the Catholic Hospital Conference of Manitoba held at St. Boniface in October, the officers and directors were appointed for the coming year. They are as follows:

President: Sister St. Gertrude, Misericordia Hospital, Winnipeg

Vice-president: Sister Noel, St. Boniface Hospital, St. Boniface

Secretary: Sister St. Irma, Misericordia Hospital, Winnipeg

Directors: Sister Mary of the Nativity, St. Joseph's Hospital, Winnipeg; Sister Clearmont, St. Boniface Hospital, St. Boniface; Sister Marie Stella, St. Joseph's Hospital, Winnipeg; and Sister Angela o.s.b., Johnson Memorial Hospital, Gimli.

St. Michael's Plays Host to Ontario C.H.A. Conference

On November 3rd and 4th, the fifteenth Annual Convention of the Ontario Conference of the Catholic Hospital Association met at St. Michael's Hospital, Toronto. Reverend Sister Mary Kathleen, re-elected president of the Conference by acclamation, presided over the sessions. Thought-provoking papers and addresses were presented by Most Reverend J. Gerald Berry, D.D., Bishop of Peterborough, Reverend George Lewis Smith, president of the Catholic Hospital Association, Reverend Father John Fullerton and Reverend Hector Bertrand. "Newer Trends in Nursing Education" was the subject of a panel discussion led by Reverend Sister M. Ursula of Hamilton.

The officers for the coming year are as follows:

President: Sister Mary Kathleen, St. Michael's Hospital, Toronto

1st Vice-president: Sister M. Ursula, St. Joseph's Hospital, Hamilton

2nd Vice-president: Sister M. Gonzaza, St. Joseph's Hospital, Peterborough

3rd Vice-president: Sister Edmond, General Hospital, Ottawa

Secretary-treasurer: Sister Murphy, Hotel Dieu, Kingston

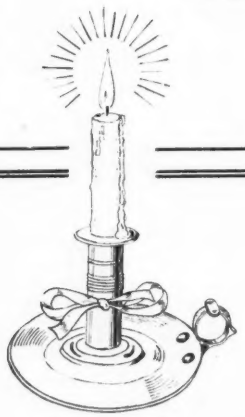
Executive: Sister Marie-Alban, Ottawa; Sister St. George, Cornwall; Sister Elizabeth, London; Sister Mary Alice, North Bay; and Sister M. Priscilla, Peterborough.

Canada's Health Plan Praised

At the American Public Health Association convention held at Boston in November, Canada's new national health program was lauded in a resolution to the effect that "the American Public Health Association extends its hearty congratulations to the Government and the people of Canada for a step which makes the year 1948 memorable in the annals of public health on this continent.'

. . . so shines the spirit of

GOODWILL!

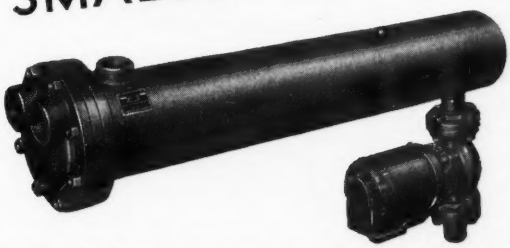


★ With us, at Metal Craft, goodwill is a year-round objective. We like to feel that goodwill is built into every Metal Craft product . . . and that the ingredients of this goodwill are quality, value and customer satisfaction.

At this season, however, there's a special significance to "Goodwill" . . . We add another ingredient . . . Our sincere wish that you may enjoy a Merry Christmas and a Happy New Year!

The METAL CRAFT COMPANY LIMITED ★ GRIMSBY ONTARIO

MORE HOT WATER From a SMALLER HEATER



ARMSTRONG "WU" INSTANTANEOUS WATER HEATER

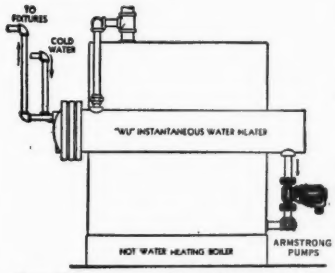
The "WU" Instantaneous Water Heater (Water-to-Water Heat Transfer) is equipped with an Armstrong Pump which pumps boiler water through the shell thereby greatly increasing the capacity of the Heater. Large volumes of hot water are heated by an amazingly small unit.

Costs less to install and operate.

The Heater may be used with Hot Water or Low Pressure Steam Heating Boiler—The Armstrong Pump should discharge into the Boiler—The Heater is not suitable for gravity circulation of boiler water.

CONTROLS SERVICE WATER TEMPERATURE

A Hot Water Control installed in the Hot Water Service Water supply line starts the Pump whenever Service Water Temperature goes below the required degree.



Installation on Hot Water Boiler

SLASHES COSTS FOR LABOUR AND MATERIAL

Smaller size pipe.
Smaller size fittings.
Less labour.

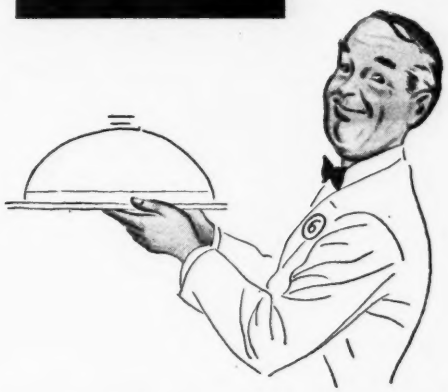
NO STORAGE TANK REQUIRED

YOUR REQUEST FOR FURTHER INFORMATION IS INVITED.

S. A. Armstrong LIMITED
115 Dupont Street, TORONTO, CANADA

give uniforms that crisp look without that stiff feel

Add DRAX* to STARCH!



• You'll be extra proud, extra pleased with every uniform you turn out of your laundry, when you add DRAX to starch. DRAX and starch make an unbeatable rinsing combination – all the crispness, freshness you want, yet none of the scratchy, boardlike feel. Uniforms look smoother, better – are more comfortable. DRAX adds pliability to starch – keeps garments from cracking and creasing. DRAX makes uniforms soil-resistant too – they stay clean longer – are easier to clean!

DRAX helps cut uniform replacement costs. Because uniforms need less hard, less frequent launderings, they wear longer. DRAX-treated garments are easier to iron (20% easier by actual test). You'll be amazed at how economical and easy DRAX is to use. For only a few pennies you can DRAX dozens of garments. No extra equipment or special skills needed – simply add DRAX to your starch solution. Or mix it in your final rinsing water. Find out about DRAX today. Write S. C. Johnson & Son, Ltd., Brantford, Canada.

DRAX is made by the makers of JOHNSON'S WAX (a name everyone knows)

S. C. Johnson & Son, Ltd.

Brantford, Canada

1519

**"Johnson's" and "DRAX" are registered trademarks.*

Allan V. Blair, M.D.

The well-known cancer specialist, Dr. Allan V. Blair of Regina, died on November 9th, from a heart attack. He was forty-nine years of age and had been in ill health since July.

For the past ten years he had been director of the Regina Cancer Clinic, the first clinic in Canada to provide free diagnosis and treatment of cancer, including surgery and hospitalization. Dr. Blair was also a director of the National Cancer Institute and was in the course of making a survey of facilities in Canada for research, diagnosis, and treatment, as well as for education of the public with respect to cancer.

Kathleen Lorena Jeffs

The Canadian Dietetic Association and, indeed, the whole field of home economics, has lost an outstanding and valued member. Retiring only a few weeks earlier as president of the Association, Miss Kathleen Lorena Jeffs died on October 31st in the Toronto Western Hospital after a three-months illness.

Born at Bond Head, Miss Jeffs was graduated from the University of Toronto with a degree in household science and then, as chief dietitian, joined the staff of the T. Eaton Co., Ltd., Montreal. During World War II, she served as chief messing officer with the R.C.A.F. and was awarded the M.B.E. The women of the R.C.A.F. honoured her with the presentation of her portrait which now hangs in the Household Science Building of her "Alma Mater".

For Grant Purposes Three Bassinets Equal One Bed

At the annual convention of the Ontario Hospital Association held last month in Toronto, the Hon. Paul Martin, Minister of National Health and Welfare, in an address to the delegates, gave an outline of what the federal grants for hospital construction would mean to Ontario. He stated that, by making a larger grant available for the less expensive type of hospital accommodation, more construction of this type will be encouraged thus releasing more active treatment beds.

It is estimated that 2,200 bassinets are required throughout Canada and, for grant purposes, three bassinets are considered to be the equivalent of one active treatment bed. Similarly, for small nursing units of eight beds or less, where the number of beds is not a good unit of measurement, 500 square feet of interior floor space (excluding living quarters) are taken to constitute one active treatment bed.

Ontario was the first province to receive the initial payment under the health survey grant. Part of the federal grant for mental health will assist the University of Toronto in training psychiatrists, physicians, psychologists, social workers, nurses, and teachers, in psychiatry and mental health. Projects are also under consideration for other Ontario universities.

Health is the thing that makes you feel that now is the best time of the year. —*Franklin P. Adams*

How is Your Supply of

VITRIFIED

HOTEL WARE?

Choice of Ten Special Patterns for Prompt Delivery

Also full range of standard plain White—Green Band—Pastel Shades, etc.

BELL RINFRET & CO., LIMITED

366 Notre Dame St. West **Montreal**

Toronto Office:

94 Wellington St. W., Toronto **Plaza 2648**

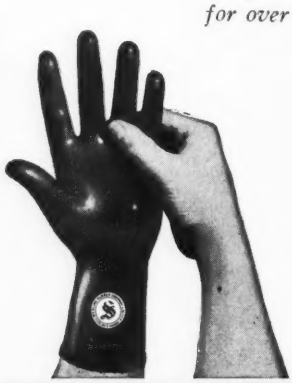
Visit Our Booths in January at Montreal and Toronto Exhibitions

STERLING GLOVES

featuring

The Results of 36 Years of Experience and Continuous Production

Specialists in Surgeons' Gloves for over 36 years.



STERLING RUBBER CO.

— LIMITED —

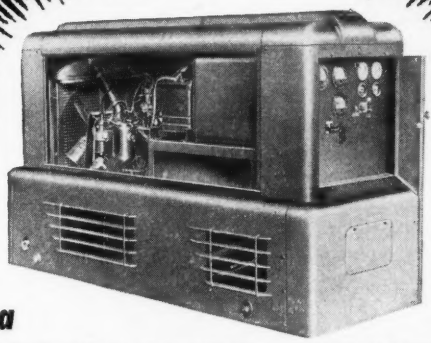
GUELPH - ONTARIO

The STERLING trade-mark on Rubber Goods guarantees all that the name implies.

When normal current fails

AUXILIARY POWER

AUTOMATICALLY CUTS IN!



with a

FAIRBANKS-MORSE

Electric GENERATING PLANT

If a storm or other emergency should suddenly cut off your supply of electricity, how seriously would you be affected? Would you face costly delays, accidents, damage to equipment, or product deterioration? Modern business demands positive protection against power failures, and FAIRBANKS-MORSE Electric Generating Plants provide that vital safeguard.

In manufacturing plants, commercial buildings, schools, hospitals, etc., F-M Electric Plants eliminate hazards to property and safety by operating equipment when blackouts occur. The control panel automatically starts the engine generator and switches the emergency stand-by power into the branch circuits. When regular power is resumed, stand-by power stops automatically.

The 65 models, ranging in power from 350 to 35,000 watts are available in A.C., D.C., or combination AC-DC. Plants of special voltage, frequencies and phases are also available. All are fully run-in, tested and guaranteed for 90 days. Service is always available through FAIRBANKS-MORSE coast-to-coast branch offices. Get full details today!

The CANADIAN

Fairbanks-Morse

COMPANY Limited

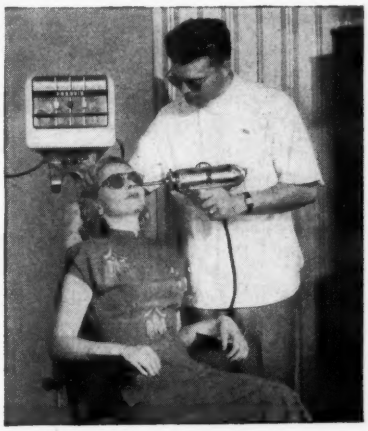
HALIFAX — SAINT JOHN — QUEBEC — MONTREAL — OTTAWA — TORONTO
WINDSOR — FORT WILLIAM — WINNIPEG — REGINA — SASKATOON — EDMONTON
CALGARY — VANCOUVER — VICTORIA

ENTIRELY NEW!

AND AT A

LOW PRICE

Complying with the demands of the Medical Profession.



● Wall model Aero Kromayer Ultraviolet Air-Cooled Lamp for orificial application.

● Easily attached to wall. High intensity through applicator. Novel cord reel within control eliminates fouling of cords.

Requires no Floor Space, Compact, Efficient

● Many applications in eye, ear and throat and localized skin conditions.

● Infected wounds and sinuses are instances in which surgeons find valuable assistance from due use of focal quartz light therapy.

More complete details and clinical records will be mailed on your request.
Address Dept. CH. 67.

HANOVIA Chemical & Mfg. Co.

Newark 5, N.J.

Hanovia is the world's largest manufacturer of ultra-violet lamps for the Medical Profession, the Home and Industry.

Crash!

(Concluded from page 31)

fying the bodies. Through the use of screens, none of the patients were aware of what was occurring.

Confusion was eliminated by the assignment of specific duties. The Sister in charge of the emergency took over control of the utility room and, with the assistance of two students, autoclaved linen, boiled instruments and kept the suture trays set up. Another group of nurses was assigned to prepare the patients for suturing. A third group undressed those who were to be admitted. Nurses brought the patients to and from the emergency operating rooms so that those in charge did not have to leave. All clothes were checked carefully and were taken with the patients wherever they went. (Those from the bus were in military uniform.)

The quiet and calm that prevailed was remarkable. The accident was not discussed with the patients and necessary conversation was in a low tone. As the night staff in the kitchen had gone home the nurses on duty near the diet kitchen prepared steaming cups of coffee for the nerve shocked men and women. Two young ladies from the Red Cross came in and volunteered assistance.

A number of reporters endeavoured to get stories and pictures, but when advised that the patients must be attended to first, they co-operated well. We learned that the switchboard operator recorded 73 long distance calls and approximately 275 local calls on the board that night.

About 7.30 Saturday morning beds were set up in the clinical room, two to a cubicle, where the patients remained until Sunday afternoon when they were transferred to beds in the hospital. All patients were visited on Saturday morning by the acting chief and another staff surgeon who made more complete examination and, where necessary, made a re-assignment of the cases as their findings indicated.

Officials of the T.T.C., and Canada Coach Lines Ltd., officers of the two Regiments and hundreds of friends and relatives of the victims visited the hospital on Saturday and Sunday.

Patients Quiet

Much credit must be given to the patients themselves. There were no moans, no hysteria. Each seemed to be concerned about someone else, for the group was composed of intimate friends, husbands and wives. There was no indication of intoxication and as the next of kin were also patients, there were no anxious relatives waiting around for news. Nurses who were not assigned to special duties carried messages back and forth to friends or wives or husbands.

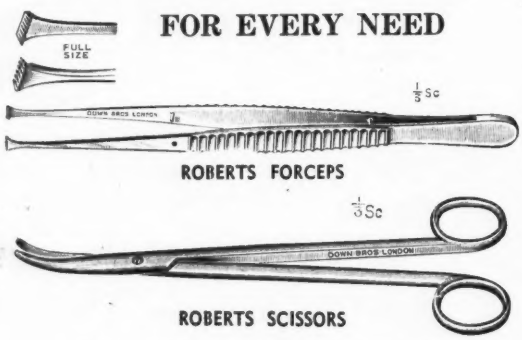
We are happy to have been able to repay in a small way the men who spent their best years fighting for us and the women who suffered anxiety when their loved ones were overseas. They had been through the crucible of suffering and knew how to accept this. To our staff—all of them—we owe a deep debt of gratitude.

Paediatrics Specialist Appointed

Dr. Marcel Langlois, professor of paediatrics at Laval University, has been appointed as paediatrics specialist in the child and maternal health division of the Department of National Health and Welfare. Dr. Langlois will assist in fact-finding surveys, scientific studies and educational projects.

SURGICAL INSTRUMENTS

FOR EVERY NEED



ROBERTS FORCEPS

ROBERTS SCISSORS

BRITISH MANUFACTURE

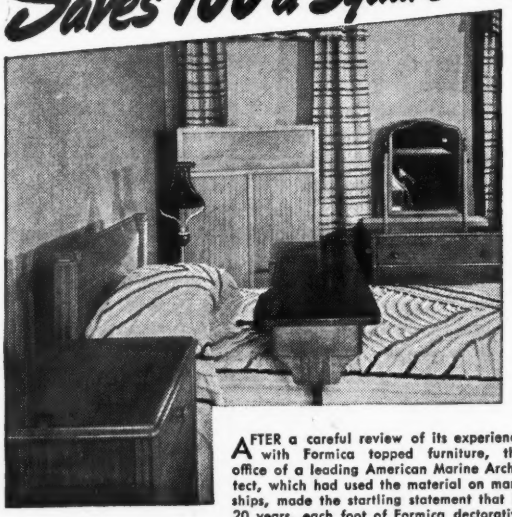
•

Down Bros. and Mayer & Phelps

LIMITED

70 Grenville St. Toronto 5, Ont.

Saves $100 a Square Foot.



AFTER a careful review of its experience with Formica topped furniture, the office of a leading American Marine Architect, which had used the material on many ships, made the startling statement that in 20 years, each foot of Formica dectorative surface would save $100 for the ship owner.

Of course, you could just as well substitute hospital, hotel, or store for ship and the statement would still stand. The savings are made by the absence of refinishing and maintenance costs, by the fact that furniture or space need not be taken out of service for refinishing, and ease with which these handsome plastic surfaces are cleaned.

FORMICA

ARNOLD BANFIELD & CO., LIMITED

Montreal Oakville, Ont. Toronto

Attention Operating Room Supervisors!

Write Today for Your Free Sample of

"STEAM-CLOX"

A. T. I. "Steam-Clox" Controls Provide a 3 Way Check

TIME — TEMPERATURE — MOISTURE

✓ Only "Steam-Clox" Controls "DEMAND"

"Moist" Heat for Reaction

✓ Only "Steam-Clox" Controls "DETECT"

a "Drop" in Temperature after 250° has once been reached.

✓ Only "Steam-Clox" Controls "REVEAL"

that "Moist Temperature" at 250° was present in the load at 5, 12½, 20 and over 20 minutes.

Remember—Your patient DESERVES the protection which "STEAM-CLOX" gives YOU.

FILL IN THE COUPON FOR YOUR SAMPLE TODAY.

Please send me one sample card of Steam-Clox with free holder.

Name .....

Hospital .....

City..... Province.....

THE J. F. HARTZ CO., LIMITED

1434 McGill College Ave. 301 Barrington St. 32-34 Grenville St.

MONTREAL HALIFAX TORONTO

What Medical Staff Expects

(Concluded from page 30)

staff expects the trustees to institute some plan for self-improvement. The ideas behind such a plan may originate within the staff, but the encouragement of it and the provision of the facilities for it are the responsibilities of the trustees. The board has a definite responsibility to the staff in making available a program of continuing education for the medical, nursing, and technical personnel; in presenting opportunities for advanced training and refresher courses; in procuring outstanding clinicians for lectures, discussions, and consultations, and in providing libraries, film exhibits, and periodicals.

The medical staff member has every right to expect the board of trustees to give leadership in making the hospital as great a force in medical education as it is an agency for the care of the sick.

The progressive trustee should be interested in the advancement of medical science and in the dissemination of new medical knowledge. Just as he expects his advice to be taken in business matters, so should he be willing to accept counsel pertaining to medical matters.

Public Education

The board of trustees is a vital public relations agency for the hospital and, as such, the staff holds it responsible for the education of the public in the health and hospital program of its community and for the best interpretation to the public of the hospital's objectives. As the trustees demand a definite standard of professional skill and other qualifications from the staff, the medical staff in turn expects the trustees to have at least a rudimentary knowledge of the complexities of operating the hospital and a sympathetic understanding of staff problems, as well as to make a real attempt to keep pace with the implications of new social and medical developments.

Conclusion

In the eyes of the professional member of the staff the "trustee of a hospital is the trustee of a philanthropic enterprise and to perform his duty properly must come fully prepared by education, personality, experience and community standing. He must appreciate the difference between right and wrong in dealing with the sick, his knowledge of affairs must be broad, he must be big-hearted as well as big-minded and never yield to small things or to any pressure that might divert him from his purpose. The progressive trustee should be interested in the advancement of medical science and in the dissemination of new medical knowledge—exemplified by research and teaching. And just as he seeks expert advice on technical subjects in other fields, so he should be willing to accept the counsel of the medical staff in matters medical".*

The medical staff of a hospital is, indeed, thrice blessed, which has as its trustees a group who fulfill the foregoing, who have leadership, vision, ideals of public service, and who work in harmony and mutual co-operation with the professional staff to the ultimate betterment of the hospital and inestimable gain to the community at large.

**"The Trustee is Responsible", E. M. Bluestone, M.D., Modern Hospital, Feb., 1944.*

Confidence!

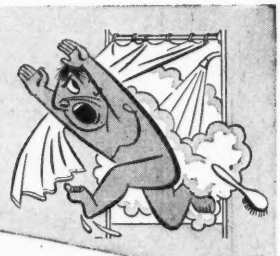
ETHER

MALLINCKRODT CHEMICAL WORKS LIMITED

MONTREAL - TORONTO

PLANT AT LASALLE, QUE.

END THE DANGER OF SCALDING and unexpected shots of hot or icy cold water



Install

POWERS THERMOSTATIC SHOWER MIXERS

TYPE H MIXER
For Exposed Piping

They are safe both ways!

Keep shower users happy and safe with Powers Mixers. They eliminate danger of scalding and there is no slipping and falling while trying to dodge an unexpected change of hot or cold water temperature.

Being *thermostatic*, Powers Mixers give *two-way* protection against both *pressure* and *temperature* changes in water supply lines. They are the safest shower bath regulators made. 481

Phone or write our nearest office for circular H547

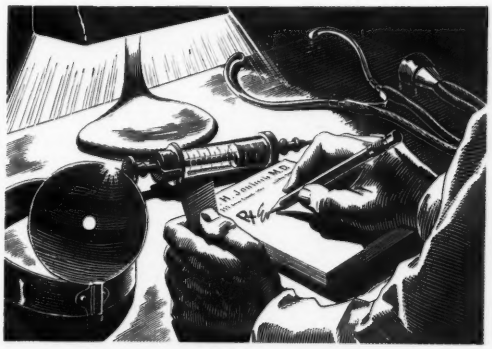
THE POWERS REGULATOR CO., OF CANADA LTD.
199 Spadina Ave., Toronto, Ont.
Offices also in Montreal, Winnipeg, Vancouver, Calgary and Halifax

A&H

Allenburys

Odorless Preparations of Valerian

for the treatment of
Nervous Disorders



EUVALEROL ELIXIRS

New Formula "M"

We are pleased to announce the addition of a new formula "M" to our series of Euvalerol Elixirs. This formula combines Phenobarbitone and Stilboestrol with Valerian A. & H.

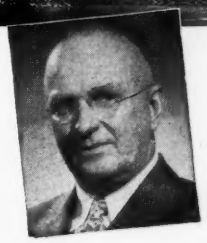
Valerian has been found successful in minor neurosis and has not the deleterious properties of habit forming narcotics.

Euvalerol Elixirs are prepared from fresh valerian root by a special process which while ensuring the retention of the active principles contained in the volatile oil of valerian, eliminates the unpleasant odor.

Available in 16 oz., 80 oz., 160 oz., bottles

Complete literature supplied on request.

THE ALLEN AND HANBURYS COMPANY LIMITED • LINDSAY, ONT. • LONDON, ENG.



TO THOSE WHO WERE UNABLE TO BE WITH US at the Ontario Hospital Convention

"IT is a pleasure every year to welcome the hundreds of customers and friends who visit the Ontario Hospital Convention. For many years our booth at the convention has been in the same location, and we like to feel that this booth has become an important part of the service that we strive to give hospitals all across the country."

"If you were not able to attend the convention this year we would like you to receive the free working sample of Arctic Syntex "M" that was offered to all who called at our booth."

"To obtain your sample of this new synthetic detergent, Arctic Syntex "M", enough to make 40 gallons of effective cleaning solution, —simply write us on your business letterhead. Your sample, along with our latest Syntex booklet will be mailed to you."

H. V. Raymond

Industrial Sales Manager,
Industrial Department CH-I
Palmolive, Toronto.

COLGATE - PALMOLIVE - PEET COMPANY LIMITED

LADISH
Controlled Quality

SEAMLESS WELDING FITTINGS

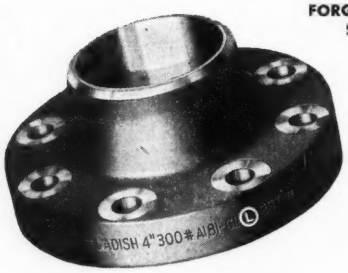
WELDING FITTINGS and FLANGES

L

TO MARK PROGRESS

FORGED STEEL FITTINGS

FORGED STEEL FLANGES



Literature, catalogs, technical data, price lists and any other information you want are yours for the asking. Contact any office of the James Robertson Company Limited, or use the handy coupon.

THE JAMES ROBERTSON COMPANY LIMITED — R — REGISTERED

PLUMBING-HEATING
MILL SUPPLIES
Manufacturers & Wholesalers

The James Robertson Company Limited
946 William St. Montreal 3.

Please send me .....

.....

Name ..... *Title* .....

Firm .....

Address .....

8JR-49

DISTRIBUTED BY

THE JAMES ROBERTSON COMPANY LIMITED
Saint John, N.B. • Quebec • Montreal • Ottawa • Toronto

The CANADIAN HOSPITAL

GENERAL INDEX

Volume XXV

January to December

1948

INDEX OF AUTHORS

Index of Advertisers

DECEMBER, 1948

Please Mention* THE CANADIAN HOSPITAL *When Writing To Advertisers